Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 07/01, 2014, and ending 06/30, 20 15 D Employer identification number C Name of organization B Check if applicable INTERNET CORP FOR ASSIGNED NAMES & NUMBERS Address Doing Business As 95-4712218 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite 12025 WATERFRONT DRIVE, SUITE 300 (310) 301-5800 Initial return City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90094-2536 G Gross receipts \$ F Name and address of principal officer: Application pending H(a) Is this a group return for FADI CHEHADE Yes X No 12025 WATERFRONT DR STE 300 LOS ANGELES, CA 90094 H(b) Are all subordinates included? Tax-exempt status: 501(c)((insert no.) 4947(a)(1) or If "No," attach a list, (see instructions') 🐗 Website: ▶ WWW.ICANN.ORG H(c) Group exemption number Form of organization: X Corporation L Year of formation: 1998 M State of legal domicile: Association Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 16. 5o 15. 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities 257. 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 20. 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 2,044,258. 2,072,140. Revenue Program service revenue (Part VIII, line 2g). PUBLIC INSPECTION 121,311,659. 214,799,352. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,430,521. 2,708,743. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). . . 11 219,552,353. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 127,814,320. 12 1,864,400. 1,640,175. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 46,194,171. 56,999,687. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 76,208,820. 72,978,782. 124,267,391. 131,618,644. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 87,933,709. 3,546,929. Beginning of Current Year End of Year 355,256,415. 376,564,524. 20 Total assets (Part X, line 16) 21 162,152,075. 97,454,963. 193,104,340. 279,109,561. 22 Net assets or fund balances. Subtract line 21 from line 20. 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. 10 Sign Signature of officer Here XAVIER CALVEZ CFO Type or print name and title Print/Type preparer's name Jua Muolo N Date Paid 05/03/16 EVA NITTA self-employed P01286320 Preparer Firm's name ERNST & YOUNG U.S LLP 34-6565596 Firm's EIN ▶ Use Only 858-535-7200 Firm's address ▶ 4370 LA JOLLA VILLAGE DRIVE STE 500 SAN DIEGO, CA 92122 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)

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Six the organization described in section 501(c)(3) or 4947(c)(1) (other than a private foundation)? If "Yes," organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2	Part	N Checklist of Required Schedules			
2 is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 3 Section 501 (c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) activities of public office? If "Yes," complete Schedule C, Part I. 4 Section 501 (c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) activities. Section 501(c)(4) 501(c)(5), or 501(c)(5),				Yes	No
2 Is the organization required to complete Schodule B, Schodule of Contributors (see instructions)? 3 Did the organization cragage in direct or indirect political campaign activities on behalf of or in opposition to canacidates for public office? If "Yes," complete Schodule C, Part II. 5 Section 501(C)(3) organizations. Dot the organization eragage in lobbying activities, or have a section 501(c)(4). 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 84-197 If "Yes," complete Schodule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schodule D, Part I. 7 Did the organization receive or hold a conservation assement, including easements to preserve open space, the only manner, historic land grass, or historic structures? If "Yes," complete Schodule D, Part II. 8 Did the organization maintain collections of works of ant, historical treasures, or other similar assets? If "Yes," somplete Schodule D, Part III. 9 Did the organization maintain collections of works of ant, historical treasures, or other similar assets? If "Yes," somplete Schodule D, Part III. 9 Did the organization maintain collections of works of ant, historical treasures, or other similar assets? If "Yes," somplete Schodule D, Part III. 10 Did the organization maintain collections of works of ant, historical treasures, or other similar assets? If "Yes," somplete Schodule D, Part IV. 10 Did the organization report an amount for investments-other securities in Part X, line 101 If "Yes," complete Schodule D, Part VIII. 11 If the organization report an amount for investments-other securities in Part X, line 107 If "Yes," complete Schodule D, Part VIII. 12 Did the organization report an amount for the assets in Part X, line 15 that	1				
3 X Section Soft (2)(3) organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 4 Section Soft (2)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) delection in effect during the lax year If "Yes," complete Schedule C, Part II. 5 Is the organization and soft office (3), bit (1)(5), or 501(c)(5) or 501(c)(5), or 501(c)(5) or 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 II. "Yes," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide activice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization maintain collections of works of ant, historical tressures, or other similar assets? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of ant, historical tressures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization in collections of works of ant, historical tressures, or other similar assets? If "Yes," complete Schedule D, Part IV. 10 Did the organization resort an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not lised in Part X, or provide credit counseling, cebt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part IV. 11 If the organization seport an amount for investments-other securities in Part X, line 107 If "Yes," complete Schedule D, Part VIII. 11 Did the organization report an amount for investments-other securities in Part X, line 100 If "Yes," complet		complete Schedule A			
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9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 13 Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 15 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. 16 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability or uncertain tax positions under FiN 46 (ASC 740)? If "Yes," complete Schedule D, Part X. 17 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and If the organization asshed and the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization asshed to the	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
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Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17		47		v
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	12		17		1-^-
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	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			

Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Χ Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Χ 22 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 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 Χ 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 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? Χ 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 Χ entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.......... 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): Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b 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. 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . 29 X 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Χ 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Χ Χ 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.......... 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

t ligh				_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	<u>.</u>
4. F	Inter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 126		res	No
	· · · · · · · · · · · · · · · · · · ·			
	sitter the number of Forms vv-2G included in line Fa. Effect -0- in not applicable		13	
	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.	v	
	eportable gaming (gambling) winnings to prize winners?	1c	<u> X</u>	l
	inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 257			
	at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	<u> X</u>	-
	lote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			١.
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		-
	"Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		-
	at any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	ver, a financial account in a foreign country (such as a bank account, securities account, or other financial	_		
а	account)?	4a	X	<u> </u>
b If	f "Yes," enter the name of the foreign country: $ ightharpoonup$ _ATTACHMENT _1		1. 1	
S	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	FBAR).		11.	
	Vas the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Ļ
	f "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		L
	f "Yes," did the organization include with every solicitation an express statement that such contributions or			
g	ifts were not tax deductible?	6b		Ļ
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		٠.	ŀ
а	and services provided to the payor?	7a		_
b II	f "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c E	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
1	equired to file Form 8282?	7c		
d li	f "Yes," indicate the number of Forms 8282 filed during the year	ľ		
e [Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f [Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		L
g If	f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		L
h If	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		L
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		***	1
s	sponsoring organization have excess business holdings at any time during the year?	8		L
5	Sponsoring organizations maintaining donor advised funds.			
аĽ	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
bΩ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
5	Section 501(c)(7) organizations. Enter:	1.1		
a li	nitiation fees and capital contributions included on Part VIII, line 12			1
b (Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
5	Section 501(c)(12) organizations. Enter:			
a (Gross income from members or shareholders		- 5 5,00	
b (Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	f "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			T
	Section 501(c)(29) qualified nonprofit health insurance issuers.	İ		
	s the organization licensed to issue qualified health plans in more than one state?	13a		t
	Note. See the instructions for additional information the organization must report on Schedule O.			\dagger
	Enter the amount of reserves the organization is required to maintain by the states in which			
11	he organization is licensed to issue qualified health plans			
t	Enter the amount of recorded on hand	1		+
t c E	Enter the amount of reserves on hand	4.4		
t c E la D	Did the organization receive any payments for indoor tanning services during the tax year?	14a		\vdash
t c E 4a D		14b	990	L

Form 990 (2014) INTERNET CORP FOR ASSIGNED NAMES & NUMBERS 95-4712218 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. Section A. Governing Rody and Management

SEC	ion A. Governing Body and Management			
	Enter the number of voting members of the governing body at the end of the tay year	-	Yes	No
1a	There are nothing members of the governing body at the end of the tax year	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent. 15			ĺ
b	Enter the number of voting members included in line 1a, above, who are independent	1		ĺ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			X
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Δ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		v	
	one or more members of the governing body?	<u>7a</u>	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			.,
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	_	17	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	d8	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			1.7
Δ 6	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coa		N.
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		7.7	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?.	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		7.7	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		3.7	
	rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		37	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1,,	
а	The organization's CEO, Executive Director, or top management official	15a	X	
þ	Other officers or key employees of the organization	15b	Х	-
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			37
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		L
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed - CA:			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(c)(3)s	only)
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inf	erest	policy	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls:▶		
	XAVIER CALVEZ 12025 WAIERFRONT DRIVE, SULTE 300 LOS ANGELES, CA 30094-2536 310-301-5838			
154		Corm	000	(2014)

Form **990** (2014)

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 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 (list any	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)SEBASTIEN BACHOLLET	16.00									
DIRECTOR (THRU OCT 2014)	0	Х						34,584.	0	0
(2)CHERINE CHALABY	16.00				-			, , , , , , , , , , , , , , , , , , , ,		
DIRECTOR	0	Х						48,750.	0	0
(3)FADI CHEHADE	60.00									
CHIEF EXECUTIVE OFFICER	0	Х		Х				737,146.	0	58,230.
(4)STEVE CROCKER	16.00									
DIRECTOR	0	Х						37,500.	0	0
(5)CHRIS DISSPAIN	16.00									
DIRECTOR	0	Х						39,167.	0	0
	16.00 0	X						34,584.	0	0
(7)ASHA HEMRAJANI	16.00									
DIRECTOR	0	Х						9,577.	0	0
(8)WOLFGANG KLEINWACHTER	16.00									
DIRECTOR	0	Х						39,167.	0	0
(9)MARKUS KUMMER	16.00									
DIRECTOR	0	X		L.			<u></u>	9,577.	0	0
(10)BRUNO LANVIN	16.00									
DIRECTOR	0	X						43,056.	0	0
(11)OLGA MADRUGA-FORTI	16.00									
DIRECTOR (THRU OCT 2014)	0	X				ļ	ļ	31,666.	0	0
(12)ERIKA MANN	16.00									
DIRECTOR	0	X			ļ		ļ	45,416.	0	0
(13)GONZALO NAVARRO	16.00									
DIRECTOR	0	X	ļ	ļ	ļ		ļ	39,167.	0	0
(14)RAYMOND A. PLZAK	16.00							40.000		
DIRECTOR	0	X		**********				42,083.	0	()

Form 990 (2014)

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-aue	Ų

Part VII Section A. Officers, Directors, Tre	(B)				2)			(D)	(E)			(F)	
Name and title	Average hours per week (list any	box,	unles	Pos heck ss pe	ition more	e than o is both tor/trust	an	Reportable compensation from	Reportal compensation related	on from	am	timated ount of other	f
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizat (W-2/1099-		fro orga and	pensation the anization related nization	en d
15) RINALIA ABDUL RAHIM	16.00	Х						9,577.					
DIRECTOR 16) GEORGE SADOWSKY	16.00		-							-			
DIRECTOR 17) MIKE SILBER	16.00	X						42,083.		0			- 1
DIRECTOR	10.00	Х						45,416.		0			
18) BRUCE TONKIN	16.00												
DIRECTOR	0	Х			ļ		_	0		0			(
19) KUO-WEI WU	16.00	-1						20 750					
DIRECTOR 20) AKRAM ATALLAH	60.00						-	38,750.					
PRESIDENT, GLOBAL DOMAINS DIV	1 00.00	4		Х				608,211.		0		62,2	230
21) SUSANNA BENNETT	60.00		 										
CHIEF OPERATING OFFICER	0			Х		<u> </u>	<u></u>	425,190.		0		42,3	316
22) XAVIER CALVEZ	60.00	-								_			
CHIEF FINANCIAL OFFICER	0		ļ	Х	 	-	ļ	373,561.		0		58,2	228
23) JOHN JEFFREY GENERAL COUNSEL AND SECRETARY	60.00	-{		Х				530,837.		٨		52,9	aka
24) DAVID OLIVE	60.00	ļ	<u> </u>	22	 			000,007.				JZ 7 -	703
VP, POLICY DEVELOPMENT	0	1		Х				356,991.		O.		57,8	375
25) STEVE ANTONOFF	60.00												
SR. DIR, HR OPERATION SVCS	0				Х	1		225,508.		0		42,3	
1b Sub-total							>			- 0		58,2	
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							≜	6,916,975. 8,108,415.		0		82,1 40,3	
2 Total number of individuals (including but not									\$100,000 d	1		10,0	
reportable compensation from the organization	n ▶	13:	2			·							·
												Yes	No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched												·	Х
											3		
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of representation	oortal \$1!	ole (sn n	com IOO1	iper I	nsatio f "Ye:	ла °"	nd otner compen: .complete .Schedu	sation from de J. for s	the such			
individual											4	Х	
5 Did any person listed on line 1a receive or													
for services rendered to the organization? If ")	es," comple	te Sc	hedu	ıle .	J foi	r such	pei	rson		<u> </u>	5		Х
Section B. Independent Contractors 1 Complete this table for your five highest con									- 4L #400		<u>r</u>		
 Complete this table for your five highest concompensation from the organization. Report year. 													
(A) Name and business ad	dress							(B) Description of se	ervices		(C) compens	ation	
ATTACHMENT 2	31000							Document of or			- Citipolit		
MANAGE TO THE PARTY OF THE PART													
							-						
7 Total number of independent contract	includies t	ut e-	¢ 1:	ni+-	4 ل	0 +6		listed shares wh-	ro ook ood				
2 Total number of independent contractors (more than \$100,000 in compensation from the compensation from t				me	α τα 11		5E 1	iisteu above) WNO	received		•		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	Average hours per week (list any hours for related organizations	box,	unles er and	ss pe	ition more	e than of is both or/trust	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportat compensatio related organizati (W-2/1099-	n from	(F) Estimated amount of other compensation from the organization and related
	below dotted line)	Individual trustee or director	Institutional trustee		ployee	Highest compensated employee					organizations
26) ELISE GERICH VP, IANA & TECHNICAL OPERATIONS	60.00	-			Х			202 121		0	40 000
27) JAMES HEDLUND	60.00							293,131.			49,883.
VP, STRATEGIC PROGRAMS	0				Х			355,775.		0	57,908.
28) TAREK KAMEL	60.00	-						0.50 3.00		0	75 255
SR. ADVISOR TO PRES - GOV ENGM 29) CYRUS NAMAZI	60.00				X			250,308.		U	75,355.
VP, DNS INDUSTRY ENGAGEMENT		1			Х			323,776.		0	48,088.
30) ASHWIN RANGAN	60.00		Ī								
CHIEF INNOVATION AND INFO OFF.	0	·			Х			295,847.		0	55,781.
31) THERESA SWINEHART SR. ADVISOR TO PRES. ON STRAT.	60.00	4			X			421,022.			39,780.
32) NICK TOMASSO	60.00	ļ			Α.	ļ		421,022.		- 0	39,700.
VP MEETING OPS & INTL REAL EST	0				Х			246,908.		0	49,175.
33) CHRISTINE WILLETT	60.00	4									50.055
VP, GTLD OPERATIONS 34) ROBERT DUNCAN BURNS	60.00				X	 		315,070.		U	53,866.
VP, GLOBAL COMMUNICATIONS	- 00.00					Х		346,387.		0	57 , 933.
35) CHRISTOPHER GIFT	60.00						1				
VP, ONLINE COMMUNITY SERVICES	0					Х		286,438.		0	44,158.
36) YU CHUANG KUEK	60.00					X		E00 EC4		0	27 021
VP, GLOBAL STAKEHOLDER ENGMT 1b Sub-total	1 0		1			1		508,564.			27,931.
c Total from continuation sheets to Part VII, S	Section A						*				
d Total (add lines 1b and 1c)											
2 Total number of individuals (including but not reportable compensation from the organization				ed al	bov	e) wh	o re	eceived more than	\$100,000 c)f	
reportable compensation from the organization	11 {	132									Yes No
3 Did the organization list any former office	cer. directo	or. or	tru	uste	e.	kev (emo	olovee, or highes	t compensa	ated	Tes No
employee on line 1a? If "Yes," complete Sched											3 X
4 For any individual listed on line 1a, is the											
organization and related organizations gr											4 X
individual											4 X
for services rendered to the organization? If "											5 X
Section B. Independent Contractors											
 Complete this table for your five highest con compensation from the organization. Report year. 											
(A) Name and business ad	dress							(B) Description of se	ervices	C	(C) compensation
							+				
							_				
							+		-		
2 Total number of independent contractors (includina h	ut po	t lin	nite	d +	a thou	ا مع	listed above) who	received		
more than \$100,000 in compensation from the				me	u t() ti10:	J .	noted above; will	received		

Part VII Section A. Officers, Directors, Tru	istees, Ke	y Em	plo	уе	es,	and I	lig	hest Compensat	ed Employe	es (co	ontinue	1)	
(A) Name and title	(B) Average hours per week (list any hours for related	box, office	unles er and	Pos heck ss pe	rson Irect	e than of is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	n from ons	(F) Estimate amount other compensa		e On
	organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)			and	nizatio related nization	ľ
37) DENISE MICHEL	60.00					37		200 000				~ ^ 1	r 1
VP STRAT INITIATIVES/PRES ADV 38) AMY STATHOS	60.00					X		306,082.		0		62,1	.51.
DEPUTY GENERAL COUNSEL	0					X		311,543.		0		44 , 2	12.
												•	
			ļ										
		_											
		-											
1b Sub-total	ection A .						A A A						
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste					eceived more than	\$100,000 of	:			
reportable componsation from the organization		Τ	_			***************************************		***************************************				Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Scheo											3		X
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of re eater thar	portal	ole (50,0	com	per?	nsatio "Ye:	n a s,"	nd other compen complete Schedu	sation from	the uch			
indívidual	accrue co	mper	ısati	ion	fror	n any	un un	related organizati	on or individ	ual	4	X	
for services rendered to the organization? If "Y Section B. Independent Contractors	es," comple	ite Sci	hedu	ıle .	J foi	such	per	rson		<u> </u>	5		Х
Complete this table for your five highest concompensation from the organization. Report year.	npensated i compensat	indepo	ender the	ent e ca	cor den	tracto	ors :	that received more ending with or with	e than \$100, hin the orgar	000 o	f n's tax		
(A) Name and business ad	dress							(B) Description of se	ervices	C	(C) ompens	ation	
2 Total number of independent contractors (i more than \$100,000 in compensation from the				nite	d to	o tho:	se I	listed above) who	received				

Form 990 (2014) INTERNET	CORP	FOR	ASSIGNED	NAMES	δŧ	NUMBERS	95-4712218	Page 9
Part VIII	Statement of Revenue								

		Check if Schedule O co	nitanis a respo	use or note to at	y line in this Part ((A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	<u>1a</u>					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues	1b					
β, C	С	Fundraising events	1c					
Gif	d	Related organizations	1d					
ins,	е	Government grants (contribu	utions) 1e					
er g	f	All other contributions, gifts,	· I					
ã ž		and similar amounts not included		2,044,258.				
Z P	g	Noncash contributions included i						
ರ ಜ	h	Total, Add lines 1a-1f		, >	2,044,258.			
en				Business Code				in a comme
Program Service Revenue	2a	NEW GILD PROGRAM REVENUE		900099	114,721,002.	114,721,002,		
8	b	REGISTRY/REGISTRAR FEES		900099	91,248,742.	91,348,742.		
ice	c	ACCREDITATION FEES		900099	5,138,333.	5,138,333.		
è	d	ADDRESS REGISTRY FYES		900039	823,000.	823,000.		
E		SPONSORSHIPS		900099	722,275.	722,275.		
E E	6				0,146,000.	2,146,000.		
o.	g	All other program service rev Total. Add lines 2a-2f		K.	214,799,352.	2,140,000.		
					317/733/332.			
	3	,	cluding divide		1,483,793.			1,483,793.
		and other similar amounts).			1,465,793.			1,465,135,
	4	Income from investment of	•		0			
	5	Royalties	(i) Real	(ii) Personal	U			
			(i) Iteal	(ii) i erseriai				
	6a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)			4 M (4) 1 (4) 1			Balance Maria
	d	Net rental income or (loss						
	7a	Gross amount from sales of	(i) Securities	(ii) Other				haday ida a
		assets other than inventory	6,003,013.					
	b	Less: cost or other basis						
		and sales expenses	4,778,063.			l fair il disease		
	c	Gain or (loss)	1,224,950.					
	d	Net gain or (loss)		. <u></u>	1,224,950.			1,224,950.
ā	8a	Gross income from fundra	aising					
enne		events (not including \$						
		of contributions reported on	line 1c).					
ď		See Part IV, line 18		•				
ē	ь	Less: direct expenses						
Other Rev	c	Net income or (loss) from fu			l ·			
O	9a	Gross income from gaming See Part IV, line 19	activities.					
		Less: direct expenses						4
	b	Net income or (loss) from g			, and the same of			
	C C			1				
	10a	Gross sales of invent returns and allowances						
	b b	Less: cost of goods sold Net income or (loss) from sa		·				
	Ť	Miscellaneous Rever		Business Code	V			
	44-				1			
	11a							
	b							
	C	- 1				+		
	ď	All other revenue			CONCRECCO COMENCO COME			
	e	Total. Add lines 11a-11d			()	:		
627656256790	12	Total revenue. See instruction	ons		219,552,353.	214,799,350.		2,708,743.

Form 990 (2014)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	430,000.	430,000.									
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0										
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,210,175.	1,210,175.									
	Benefits paid to or for members	0	5 200 005	1 765 110								
6	trustees, and key employees	7,153,414.	5,388,295.	1,765,119.								
7	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	37,358,489.	28,268,266.	9,090,223.	-							
	Other salaries and wages	3,963,957.	2,999,431.	964,526.								
9	section 401(k) and 403(b) employer contributions) Other employee benefits	5,725,457. 2,798,370.	3,842,589. 2,117,459.	1,882,868. 680,911.								
	Payroll taxes	2,750,570.	2,111,407.	000,011.								
Ŀ	Legal Accounting	8,228,904. 1,675,946.	5,522,754.	2,706,150. 1,675,946.								
c	I Lobbying Professional fundraising services. See Part IV, line 17.	605,420.	605,420.									
-	f Investment management fees 4 Other. (If line 11g amount exceeds 10% of line 25, column	0										
	(A) amount, list line 11g expenses on Schedule O.)	20,858,865.	14,029,440.	6,829,425. 60,277.								
13 14	Office expenses	607,252. 7,402,656.	407,552. 4,968,225.	199,700. 2,434,431.								
15 16	Royalties	0 5,448,765.	3,656,889.	1,791,876.								
	Travel	12,898,956.	8,657,017.	4,241,939.								
	for any federal, state, or local public officials Conferences, conventions, and meetings	5,623,859.	5,623,859.									
20	,	5,953,469.	3,995,617.	1,957,852.								
22 23	Insurance	608,303.	408,257.	200,046.								
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)											
	RISK COSTS - GTLD BAD DEBT	1,967,367. 550,000.	1,967,367. 368,499.	181,501.								
	DUES & SUBSCRIPTIONS MISC (VAT, TAXES & LICENSE)	322,155. 43,573.	215,844. 38,606.	106,311. 4,967.								
25	All other expenses Total functional expenses. Add lines 1 through 24e	131,618,644.	94,844,576.	36,774,068.								
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here											
JSA	following SOP 98-2 (ASC 958-720)	0		· · · · · · · · · · · · · · · · · · ·	Form 990 (2014)							

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E	103	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	24,610,589.	1	89,718,881
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	26,604,975.	4	28,918,931
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	
ES.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	1,404,590.	_	2,047,321
	_		1,404,000.	9	2,047,021
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 35,326,692.	16,739,603.	40-	18,232,207
		Less: accumulated depreciation	285,063,325.		236,301,091
	11	Investments - publicly traded securities		12	230,301,091
	12	Investments - other securities. See Part IV, line 11		13	
	13	Investments - program-related. See Part IV, line 11			
	14	Intangible assets		14	1 246 002
	15	Other assets. See Part IV, line 11	833,333.	 	1,346,093
	16	Total assets. Add lines 1 through 15 (must equal line 34)	355,256,415.	16	376,564,524
	17	Accounts payable and accrued expenses	16,224,238.	 	22,683,448
	18	Grants payable		18	
	19	Deferred revenue	145,927,837.		74,771,515
	20	Tax-exempt bond liabilities			
ēs	21	Escrow or custodial account liability. Complete Part IV of Schedule D	(21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
ď		trustees, key employees, highest compensated employees, and	_		
1854		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	<u> </u>	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D ,		25	
	26	Total liabilities. Add lines 17 through 25	162,152,075.	26	97,454,963
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
ā	27	Unrestricted net assets	193,104,340.	27	279,109,561
Ö	28	Temporarily restricted net assets		~~	
č	29	Permanently restricted net assets	(29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
4	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	193,104,340.	33	279,109,561
	34	Total liabilities and net assets/fund balances	355,256,415.	34	376,564,524
		The state of the s			Form 990 (201

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c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

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Χ

2c | X

За

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

I N I	ERV	IET CORP FOR ASSIGNE	ID NAMES & NU	MBERS			95-	-4/12218
Pai	il T	Reason for Public Cha	rity Status (All o	rganizations must c	omplete	e this pa	rt.) See instructions	,
The	orga	anization is not a private four	ndation because it	is: (For lines 1 through	jh 11, ch	eck only	one box.)	
1		A church, convention of chu	ırches, or associat	ion of churches desci	ibed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E.)				
3		A hospital or a cooperative	hospital service or	rganization described i	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital des	scribed in	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	•	•				,
5		An organization operated f	or the benefit of	a college or universit	y owned	or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C		v	•	•	, ,	
6		A federal, state, or local go		nmentat unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma				•		m the general public
-	Li	described in section 170(b)				3 -		J p
8		A community trust describe		·	Part II)			
9	X	An organization that norma	•		-	ort from	contributions member	ership fees, and gross
•	السئشا	receipts from activities rela						
		support from gross invest		•				
		acquired by the organizatio					•	,
10		An organization organized						
11		An organization organized						rv out the purposes of
	L	one or more publicly suppo		•	-			
		the box in lines 11a through						
a		Type I. A supporting orga						
•		the supported organization	•	•	-			
		_ organization. You must co			.1001 a 111	ajority o	the allectors of the	toco or the supporting
b	[-	Type II. A supporting org			nnection	with its	supported organization	on(s) by having
~	٠	control or management of	· · · · · · · · · · · · · · · · · · ·				· · ·	· · · · · ·
		_ organization(s). You must	· · · · · -	=	oro sam	с регооп	S that control of man	age the capported
С		Type III functionally inter			ated in co	annectio	n with and functional	ly integrated with
•		its supported organization						ry integrated with,
d		Type III non-functionally		•				ted organization(s)
-	_	that is not functionally inte						=
		requirement (see instruct						an attendiveness
е		Check this box if the orga	<i>'</i>					I Type III
Ŭ		functionally integrated, or						i, 1900 iii
f	En	ter the number of supported						
a		ovide the following information						.,
		ame of supported organization	(ii) EìN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-9		ur governing	support (see	other support (see
				above or IRC section (see instructions))	docu	ment?	instructions)	instructions)
				,	Yes	No		
(A)								
(m)								
(B)								
(0)				·				
(C)								
(D)								
(D)								
/E\								
(E)								

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

Total

Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sect	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	AESTOLOLOLOLOLOLOLOLOLOLOLOLOLOLOLOLOLOLOL					
4	Total. Add lines 1 through 3		<u> </u>		ļ		<u></u>
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.	VIII.					
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	(a) 2010	(6) 2011	(6) 2012	(d) 2015	(e) 2014	(i) rotar
7 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 VI.)						
11	Total support. Add lines 7 through 10		<u> </u>				
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup						
-		· '·		. 44		44	0/
14	Public support percentage for 2014 (li Public support percentage from 2013					1 1	<u>%</u> %
15	331/3% support test - 2014. If the co						
1 Oa	this box and stop here . The organizati	-					
h	331/3% support test - 2013. If the						
U	check this box and stop here . The org	-					. 🖂
17a							
	a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in						
	Part VI how the organization meets					•	
	organization			-	· ·		
b	10%-facts-and-circumstances test - 15 is 10% or more, and if the org	2013. If the or anization mee	rganization did ts the "facts-ar	not check a bo nd-circumstance	x on line 13, 16 s" test, check t	6a, 16b, or 17a this box and s	a, and line stop here.
	Explain in Part VI how the organizat				-		
18	supported organization Private foundation. If the organization	ı did not check	a box on line 13	3, 16a, 16b, 17	a, or 17b, check	k this box and se	ee
**************************************	instructions		· · · <u>·</u> · · · · · ·				
					:	Schedule A (Form	990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

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.)

Sec	tion A. Public Support	***************************************		WOODA COLOR TO THE TAX	######################################	WW	
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,990,805.	2,621,270.	656,512.	2,072,140.	2,044,258.	9,384,985.
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	67,302,790.	69,791,646.	233,114,259.	121,311,659.	214,799,352.	706,319,706.
3	Gross receipts from activities that are not an						· · · · ·
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid		İ				
	to or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	69,293,595.	72,412,916.	233,770,771.	123,383,799.	216,843,610.	715,704,691.
	Amounts included on lines 1, 2, and 3	03,233,333.	72,412,510.	1717,107171.	123,300,133.	_10,043,010.	115,104,051,
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000	40 100 640	40 001 626	22 071 606	27 642 670	06 015 470	243,124,701.
_	or 1% of the amount on line 13 for the year Add lines 7a and 7b	40,172,642. 40,172,642.	43,321,965. 43,321,965.	37,871,606. 37,871,606.	37,543,078. 37,543,078.	84,215,410. 84,215,410.	243,124,701.
8	Public support (Subtract line 7c from	40,172,641.	43,321,969.	37,871,006.	37,343,078.	54,213,410.	0.93/19//ULL
Ū	line 6.)						472,579,990.
Sec	tion B. Total Support						471,379,3301
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	69,293,595.	72,412,916.	233,770,771.	123,383,799.	216,843,610.	715,704,691.
	Gross income from interest, dividends,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3.55		12.1.0, 0.1.0, 0.1.0,	
	payments received on securities loans,						
	rents, royalties and income from similar sources	2,260,733.	551,635.	2,411,378.	2,783,804.	1,483,793.	9,491,343.
b	Unrelated business taxable income (less		332,3331			() (20)	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						O.
С	Add lines 10a and 10b	2,260,733.	551,635.	2,411,378.	2,783,804.	1,483,793.	9,491,343.
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on				n		0
12							
12-	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	71,554,328.	72,964,551.	236,182,149,	126.167.603.	218,327,403.	725,196,034.
14	First five years. If the Form 990 is for		····	<u> </u>			
	organization, check this box and stop here						`.` ⊳ [□]
Sec	tion C. Computation of Public Sup			•			to an and
15	Public support percentage for 2014 (line 8	, column (f) divide	ed by line 13, colur	nn (f))		15	65.17%
16	Public support percentage from 2013 Sche					16	63.94%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2014 (li			3, column (f))		17	1.31%
18	Investment income percentage from 2013					18	1.81%
19 a	331/3% support tests - 2014. If the or					e than 331/3%, a	and line
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2013. If the org						

line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 🕨

JSA 4E1221 2.000

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Fig. Schedule A (Form 990 or 990-EZ) 2014

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	106		

JSA 4E1229 2.000 Schedule A (Form 990 or 990-EZ) 2014

Part	Supporting Organizations (continued)			
	······································		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h		11a		
	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11¢		
00011	on b. Type i cupper and organizations		Yes	No
a	Did the divertory twisters or membership of one or more comparted exercises have the reverte			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			house
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	:	
Secti	on D. All Type III Supporting Organizations		,	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously		Yes	No
	provided?	1	ļ	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations		I	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ions):	
a	The organization satisfied the Activities Test. Complete line 2 below.		,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	İ		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
ISA	Schadula & Form	000 ***	~ 000 E.	7), 204

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations	3	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must con	nplete Se	ections A through E.	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-integra	ated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS 95-4712218 Schedule A (Form 990 or 990-EZ) 2014 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (iii) Section E - Distribution Allocations (see instructions) Underdistributions Distributable **Excess Distributions** Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014: b C d From 2013 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount Carryover from 2009 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D. line 7: Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2015. Add lines 3j Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2014

Employer identification number

OMB No. 1545-0047

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS 95-4712218 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-FZ) (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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

JSA

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Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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

Name of organization INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number 95-4712218

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_3		\$5,000.	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 4		\$\$.	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$85,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 95-4712218

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Vo.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 8		\$\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ <u>14,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 95-4712218

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$95,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$18,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 18 _		\$10,000.	Person X Payroll Noncash (Complete Part II for

Employer identification number 95-4712218

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 19_		\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 20 _		\$41,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 21 _		\$ 225 , 000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 22 _		\$5 <u>,</u> 500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
23		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 24 _		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Employer identification number 95-4712218

Paril	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
25		\$450,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 26 _		\$70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
27		\$ 45,757.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 28 _		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
29_		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 30 _		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number

95-4712218

Partil	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is nee	ded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
most inter van van		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number

95-4712218

fo co	nat total more than \$1,000 for the year for the year for the year for the year for the year for the year for the year for the year see duplicate copies of Part III if additional seed to the year for the year seed uplicate copies of Part III if additional seed to the year for th	. (Enter this informatio				
) No. rom	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
art I						
	1	(e) Transfer of gift				
	Transferee's name, address, and ZIP ∗	- 4	Relationsh	p of transferor to transferee		
No.						
No. om art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
			_			
-		(a) Transfer of citi				
	(e) Transfer of gift					
	Transferee's name, address, and ZIP 4	+ 4	Relationsh	ip of transferor to transferee		
) No.				THE THE PARTY OF T		
) No. rom art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
				MAN MAN MAN MAN MAN MAN MAN MAN MAN MAN		
_						
		(e) Transfer of gift				
	Transferee's name, address, and ZIP	+ 4	Relationsh	ip of transferor to transferee		
) No.						
	(b) Purpose of gift	(c) Use of gift	1	(d) Description of how gift is held		
rom art I						
rom art I		*				
om art I						
) No. rom art I						
art I		(e) Transfer of gift				
om art I	Transferee's name, address, and ZIP		Relationsh	ip of transferor to transferee		
art I			Relationsh	ip of transferor to transferee		

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10)

11165W 2020

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

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.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

If the organization answered "Yes," 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-B.

	e organization answered "Yes," (see separate instructions), then	to Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	nstructions) or Form 990-E	Z, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) orga	nizations: Complete Part III.			
Nam	e of organization			Employer ider	ntification number
INT	ERNET CORP FOR ASSIG		······	95-471	
Par	STATE OF THE PROPERTY OF THE P	rganization is exempt under s			nization.
1	Provide a description of the	organization's direct and indirect p	olitical campaign ac	ctivities in Part IV.	
2	Political expenditures				
3	Volunteer hours				
Par	Complete if the o	rganization is exempt under s	ection 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization	under section 495	5 ▶ \$	
2		ise tax incurred by organization ma			
3		section 4955 tax, did it file Form			
4a					
	If "Yes," describe in Part IV.				
		rganization is exempt under	section 501(c), ex	ccept section 501(c)(3).
1	Enter the amount directly e	xpended by the filing organization			-
_					
2	527 exempt function activities	g organization's funds contributed		▶\$	
3	line 17b	enditures. Add lines 1 and 2. Ent		<i>.</i> > \$	
5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numbes. For each organization listed, entributions received that were promited or a political action committee (F	er (EIN) of all section ter the amount paid ptly and directly de	on 527 political organiza d from the filing organiz elivered to a separate po	ations to which the filing ation's funds. Also ente plitical organization, sucl
	(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)				1	
(5)			·		
(6)					

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

Schedule C (Form 990 or 990-EZ) 2014

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying celling 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					TO CONTROL OF THE PROPERTY OF

Schedule C (Form 990 or 990-EZ) 2014

Par	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	file	d For	m 576	8		
Eor	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)		
		Yes	No		Amou	int	
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:	İ					
а	Volunteers?		Х				
ď	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Χ					
С	Media advertisements?		Х				
d	Mailings to members, legislators, or the public?		Х				
е	Publications, or published or broadcast statements?		Х				
٤	Grants to other organizations for lobbying purposes?		X			600	007
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х	3.7			62U,	997
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
í	Other activities?		Λ			620	997
j 2a	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х		•	020,	791
b	If "Yes," enter the amount of any tax incurred under section 4912		2.2				
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?		Х				
ilegen ammy reed	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	ors	ection	1		
	501(c)(6).	-/(-/	,				
						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 carry over lobbying and political expenditures from the prior year?						
Pa	Complete if the organization is exempt under section 501(c)(4), section 501(
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (OR (b) Pa	rt III-A	, line	3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount	nts	of				
	political expenses for which the section 527(f) tax was paid).			i			
а	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) due			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lo						
	and political expenditure next year?	ысун	ıy	4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
Gentlesson Schools	Supplemental Information		,				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	daro	up fist): Part	II-A. lii	nes 1	and
	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	3.4		,,			
`							
LOE	BYING EXPENDITURES						
SCF	EDULE C, PART II-B						
THE	ORGANIZATION UTILIZED THE SERVICES OF A STAFF REGISTERED LOBBYIST	' AN	D				
_							
THE	EE GOVERNMENT AFFAIRS FIRMS DURING THE YEAR ENDED JUNE 30, 2015, F	OR.	A				
COS	T OF \$620.997.						

Schedule C (Form 990 or 990-EZ) 2014

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

INI	FERNET CORP FOR ASSIGNED NAMES & NUMBERS	95-4712218
September 1988	Organizations Maintaining Donor Advised Funds or Other Similar Fund	ds or Accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6	S.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gr	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or	
	conferring impermissible private benefit?	Yes No
P	art I Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7	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)	ation of a historically important land area
	Protection of natural habitat Preserv	ation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribute	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	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 t	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, in	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	n easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ear	sements during the year
-		f ti (70/L)/A)/D)//)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
^	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its reven- balance sheet, and include, if applicable, the text of the footnote to the organization's f	
	organization's accounting for conservation easements.	maricial statements that describes the
	art III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets.
\$200 BERSEN	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 it works of art, historical treasures, or other similar assets held for public exhibition	, education, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements the	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in works of art, historical treasures, or other similar assets held for public exhibition	
	public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1	3 000. ct
	(i) Revenue included in Form 990, Part VIII, line 1	
_	··	
2	If the organization received or held works of art, historical treasures, or other sin	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these Revenue included in Form 990, Part VIII, line 1	
a b		
	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·

Page	2

Par	III Organizations Maintaining Colle	ctions of Art, Hist	orical Treasure	s, or Ot	her Similar As	sets (cont	inued)
3	Using the organization's acquisition, acces	cion and other recon	de cheek any of	the follow	wing that are a	eianificant u	ea of ite
3	collection items (check all that apply):	ision, and other recon	us, check any or	the follow	wing that are a	signalicant u	36 01 113
2	Public exhibition	d	Loan or exchar	nae nroars	ime		
a b	Scholarly research	e					
C	Preservation for future generations	<u> </u>	J Other				
4	Provide a description of the organization's	collections and expla	in how they furth	her the o	rganization's exe	mnt nurnos	e in Part
78	XIII.	concenents and expic	mi now they raid	noi the oi	gamzation o exc	mpt purpos	o mi i aic
5	During the year, did the organization solicit	or receive donations o	f art, historical tre	asures, or	other similar		
•	assets to be sold to raise funds rather than to					Yes	No
Pa							
	or reported an amount on Form 9					,	, ,
1 a	Is the organization an agent, trustee, custoo	dian or other intermed	iary for contribution	ons or othe	er assets not		
	included on Form 990, Part X?					. Yes	No
b	If "Yes," explain the arrangement in Part XI	II and complete the fol	lowing table:				
					Amour	nţ	
С	Beginning balance			1c			
d	Additions during the year		<i>.</i>	1d			
е	Distributions during the year			1e			
f	Ending balance			1 f			
2a	Did the organization include an amount on l	Form 990, Part X, line	21, for escrow or	r custodia	I account liability?	Yes	No
b	If "Yes," explain the arrangement in Part XI						
Pat					0, Part IV, line 1	10.	
		rrent year (b) Prio	r year (c) Two	years back	(d) Three years ba	ack (e) Four	years back
1 a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains,						
	and losses						
	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
	Administrative expenses						
	End of year balance						
2	Provide the estimated percentage of the cur	rrent year end balance	e (line 1g, column	(a)) held a	s:		
	Board designated or quasi-endowment	%					
	Permanent endowment	0/					
C	Temporarily restricted endowment	·%					
a	The percentages in lines 2a, 2b, and 2c sho		tion that are hold	and adm	iniatored for the		
sa	Are there endowment funds not in the poss	session of the organiza	ition that are neig	anu aum	instered for the	ſ.	Yes No
	organization by:						Tes No
	(i) unrelated organizations						
h	(ii) related organizations						
4	Describe in Part XIII the intended uses of the						
SHARRAS							
	t VI Land, Buildings, and Equipment. Complete if the organization ans	swered "Yes" to Form	n 990, Part IV, li	ne 11a. S	See Form 990,	Part X, line	10.
-	Description of property	(a) Cost or other basis (investment)	(b) Cost or other bas (other)	sis (c) A	ccumulated preciation	(d) Book val	ue
1 a	Land	 /	(Other)		JI GCIA(IOI)		
b	Buildings						
e.	Leasehold improvements		4,338,72	8. 1.	178,320.	3.17	50,408.
d	Equipment		27,248,00		916,165.		31,835.
e	Other		3,739,96		,_,		39,964.
	II. Add lines 1a through 1e. (Column (d) mus	st equal Form 990. Part					32,207.
. ~			, (-),	1-/-//		chedule D (For	

ാദവ	-	•

Part VII	Complete if the organization answered		
	(a) Description of security or category	(b) Book value	Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation:
	(including name of security)	(b) Book value	Cost or end-of-year market value
	al derivatives		
	held equity interests		
- <u>(B)</u>			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
tal. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
art VIII	Investments - Program Related.		
a r formir folmstansasses	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9)	(V)		
(9) otal. (Colum	1 (b) must equal Form 990, Part X, col. (B) line 13.)		
(8) (9)	Other Assets.	l "Yes" to Form 990	Part IV line 11d See Form 990 Part X line 15
(8) (9) otal. (Colum	Other Assets. Complete if the organization answered		Part IV, line 11d. See Form 990, Part X, line 15.
(8) (9) otal. (Colum. Part IX	Other Assets. Complete if the organization answered	l "Yes" to Form 990 scription	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(8) (9) otal. (Colum. Part IX	Other Assets. Complete if the organization answered		
(8) (9) ptal. (Colum. Part IX (1) (2)	Other Assets. Complete if the organization answered		
(8) (9) ctal. (Colum. 2 art IX (1) (2) (3)	Other Assets. Complete if the organization answered		
(8) (9) ctal. (Colum. Part IX (1) (1) (2) (3) (4)	Other Assets. Complete if the organization answered		
(8) (9) tal. (Colum. Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered		
(8) (9) tal. (Colum. Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered		
(8) (9) tal. (Colum. (art IX) (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered		
(8) (9) otal. (Colum. 2art IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered (a) De	scription	(b) Book value
(8) (9) tal. (Colum. 2 art 1X (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col	Other Assets. Complete if the organization answered (a) De (a) De umn (b) must equal Form 990, Part X, col. (B) I	scription	(b) Book value
(8) (9) tal. (Colum. 2 art 1X (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col. (B) in Other Liabilities. Complete if the organization answered	ine 15.)	(b) Book value
(8) (9) otal. (Colum. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col. (B) is Other Liabilities. Complete if the organization answered line 25.	ine 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
(8) (9) otal. (Colum. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col.	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col. (B) is Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	ine 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
(8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column) (1) Fede	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col. (B) is Other Liabilities. Complete if the organization answered line 25.	ine 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
(8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fede (2)	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col. (B) is Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	ine 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
(8) (9) btal. (Colum. 2art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col 2art X (1) Fede (2) (3)	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col. (B) is Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	ine 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
(8) (9) tal. (Colum. 2art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col Part X (1) Fede (2) (3) (4)	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col. (B) is Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	ine 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
(8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fede (2) (3) (4) (5)	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col. (B) is Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	ine 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
(8) (9) tal. (Colum. 2art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col Part X (1) Fede (2) (3) (4)	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col. (B) is Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	ine 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
(8) (9) tal. (Colum. (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col Part X (1) Fede (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col. (B) is Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	ine 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
(8) (9) tal. (Colum. (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Col Part X (1) Fede (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col. (B) is Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	ine 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,

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FORM 990, SCHEDULE D, PART X, LINE 2

ASC 740-10 FOOTNOTE

TCANN IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23071(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. HOWEVER, ICANN IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH ICANN WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED; AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE BASIC FINANCIAL STATEMENTS TAKEN AS A WHOLE.

ICANN BELIEVES IT IS IN COMPLIANCE WITH ALL APPLICABLE LAWS, HOWEVER, UPON AUDIT BY A TAXING AUTHORITY, IF AMOUNTS ARE FOUND DUE, ICANN MAY BE LIABLE FOR SUCH TAXES. MANAGEMENT HAS ANALYZED ICANN'S TAX POSITIONS TAKEN ON FEDERAL AND STATE INCOME TAX RETURNS FOR ALL OPEN TAX YEARS AND HAS CONCLUDED THAT, AS OF JUNE 30, 2015 AND 2014, NO LIABILITIES ARE REQUIRED TO BE RECORDED IN CONNECTION WITH SUCH TAX POSITIONS IN ICANN'S FINANCIAL STATEMENTS. THE FISCAL 2009 THROUGH 2014 TAX YEARS REMAIN OPEN FOR EXAMINATION BY THE TAXING AUTHORITIES. NO INTEREST OR PENALTIES ARE RECOGNIZED DURING THE YEAR AS ICANN HAS NOT RECORDED INCOME TAX CONTINGENCIES. ICANN IS NOT UNDER EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR ANY OPEN TAX YEARS.

Schedule D (Form 990) 2014

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART XII, LINE 2D

FOREIGN EXCHANGE GAIN(LOSS)

\$237,951

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

PartU

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Attach to Form 990. Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Form 000 Part IV line 14h

Employer identification number 95-4712218

1 Offit 330, Part IV, side 14b.	
For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other	
assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the	
grants or assistance?	X Yes No

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of offices in the (e) If activity listed in (d) is (c) Number of (d) Activities conducted in (f) Total expenditures for (a) Region region (by type) (e.g., fundraising, program services, a program service, describe specific type of employees, agents, and and investments region independent investments, service(s) in region in region contractors grants to recipients located in the region) in region (1) NORTH AMERICA PROGRAM SERVICES SEE 990 PART III 1,260,193, (2) CENTRAL AMERICA/CARIBBEAN SEE 990 PART III 525,812. PROGRAM SERVICES (3) SOUTH AMERICA 51 PROGRAM SERVICES SEE 990 PART III 4,776,726. (4) EAST ASTA AND THE PACIFIC 122. PROGRAM SERVICES SEE 990 PART III 8,690,796. (5) SOUTH ASIA PROGRAM SERVICES SEE 990 PART III 108,418. (6) EUROPE SEE 990 FART III 19,300,415. 37. PROGRAM SERVICES (7) RUSSIA/INDEPENDENT STATES 162,684 PROGRAM SERVICES SEE 990 PART III (8) MIDDLE EAST AND NORTH AFRICA PROGRAM SERVICES SEE 990 PART III 1,268,518. 1,100,365. (9) SUB-SAHARAN AFRICA PROGRAM SERVICES SEE 990 PART III (10)(11) (12)(13)(14)(15)(16)(17) 3a Sub-total 37,193,927. Total from continuation sheets to Part I

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

Schedule F (Form 990) 2014

Totals (add lines 3a and 3b)

37,193,907.

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Schedule F (Form 990) 2014

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

(ii) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance (f) Manner of cash disbursement WIRE/CASH NIRE/CASH WIRE/CASH WIRE/CASH MIRE/CASH WIRE/CASH WIRE/CASE WIRE/CASH WIRE/CASH WIRE/CRSH WIRE/CASH WIRE/CASH WIRE/CASH WIRE/CASH WHENT/CASH WIRE/ 5,206. 6,058. 19,900. 14,913. 000 10,000. 100,000. 10,000. 10,000. 51,600. 76,177 000 20,000 20,000 15,000 (e) Amount of cash grant 30, 25TH ANNV 15 FRNDS IGF 15 MORLD SUMMIT WRLD SUM YTH WSIS FORM 15 IGESA DIRECT (d) Purpose of grant TEL CONF '15 COMMISSIR '14 FUTURECOM 14 CCTLD MS 114 CYBSEC FORUM EURODIG 2015 WELS PARTNER SPONSORSHIE SPONSORSHIP SPONSORSHIP SPONSORSHIP SPONSORBHIE SPONSORSHIP SPONSORSHIP SPONSORSHIP SPONSORSHIP INT GOVENCE SPONSORSHIP SPONSORSHIP SPONSORSHIP SPONSORSHIP SPONSORSELP SPONSORSKIP SPONSORSHIP ITSRIO CS AIS 2015 SUROPE/ICELAND/GREENLAND SUROPE/ICELAND/GREENLAND UROPE/ICELAND/GREENLAND UROPE/ICELAND/GRESNLAND UROPE/TOELAND/GRESHLAND UROPE/ICELAND/GREENLAND UROPE/ICELAND/GREENLAND CELAND/GREENLAND ICHLAND/GREENLAND DENT. AMERICA/CARIBBEAN AMERICA/CARIBBEAN UD-SAFAKAN AFRICA EAST ASIA/PACIFIC (c) Region EAST ASTA/PACIFIC OUTH AMERICA OUTH AMERICA ENT. (b) IRS code section and EIN (if applicable) (a) Name of organization (12) 3 (Z (35) (T) (16) (Je 9 1 9 (8) (2) (3) 5 8

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, N

3 Enter total number of other organizations or entities.........

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

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

	Part IV, line 15, for any re	cipient who recei	for any recipient who received more than \$5,000. Part il can be duplicated it additional space is needed	art III can be d	upilcated if addit	onal space Is	s needed.		
~	(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)
				1GF FRANCE					
(1)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP	6,304.	WIRE/CASH			
				EU HACKATHON					
(2)			EUROFE/ICELAND/GRERNLAND	SPONSORSHIP	6,464.	MIRE/CASH			
				INT JURSID					
(3)			EUROPE/ICELAMD/GREENLAND	PROJ SPNRSHP	50,000.	WIRE/CASE			
				KOREA PRINSE					
\$			EAST ASIA/PACIFIC	PROG SPNRSHE	100,300.	MIRE/CASE			
				22sLACNOG 14		We did not consider		•	
(2)			SOUTH AMERICA	SPONSORSHIP	12,000.	WIRE/CASH			
-				LACNIC 23		14			
(9)			SOUTH AMERICA	SPONSORSHIP	9,000.	WIRE/CASE			-
				IG SUMM SCHE		w		,	
(2)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP	14,939.	WIRE/CASH			
				AFRCA IGF 14		n eu moun			
(8)			SUB-SAHARAN AFRICA	SPONSCRSHIF	10,000.	WIRE/CASE			
				CRYFTECH				, ,	
(6)			EUROPE/ICELAND/GREENLAND	PROJ SPNRSHP	50,030.	WIRE/CASE			
				MENOG 2015					
(10)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP	15,000.	WIRE/CASE			
				RIPE ATLS 15				,	
(13)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP	30,000.	WIRE/CASH			
			1	NET CONF 15		Marie C.			
(12)			EUROPE/ICELAND/GREENLAND	SPONSCRSHIP	11,315.	WIRE/CASE			
				UN-ESCWA					
(13)			MIDDLE EAST/NORTH AFRICA	PROJ SPNRSHE	45,850.	WIRE/CASE			
				WEF 2014		•		•	
(14)			- EUROPE/ICELAND/GREENLAND	SPONSORSHIP	103,977.	WIRE/CASE			
				WEF 2015					
(15)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP	78,645.	WIRE/CASE			A CANADA A PROPERTY OF THE PARTY
	いたがい かいしゅうしゅう			WEF ANN MEST		•			
(16)			EUROPE/ICELAND/GREENLAND	COIS SPNRSAP	26,470.	WIRE/CASE			

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. Enter total number of other organizations or entities. N

Schedule F (Form 990) 2014

JSA 4E12751.000 11165W 2020

Schedule F (Form 990) 2014

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

Part III can be duplicated if additional space is needed	Itional 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	(n) Method of valuation (book, FMV, appraisal, other)
(1) FELLOWSHIP PROGNAL	CENT. AMERICA/CARIBERAN	-12	10,620.	WIRE/CASH	44,854.	AIRFARE/LODG	ACTUAL SAR
(2) FEILGESHIP FROERAM	ERST ASTA/PACIFIC	100	3,680	WIRE/CASH	24,691.	AIRFFRE/LODG	ACTUAL EXP
9 I HSWOTTERS	EUROPE/ICELAND/GREENLAND	13.	6,100.	WIRE/CASH	32, 964.	AIRFARE/LOSG	ACTUAL EXF
(4) PELLIONSILLE PROGRAM	MIDDIE EAST/NORTH AFRICA	, E. S.	5, 680.	WIRE/CASH	29,527.	AIREARE/100G	ACTUAL EXP
(5) SELLOWSHIR PROGRAM	NORTH AMERICA	£4	500.	WIRE/CASE	1,851.	AIREARE/7,05G	ACTUAL EXP
(6) PRILGASHIP PROSRAM	RUSSIA/NEWLY UND, STATES		2,200.	WIRE/OASH	13,715.	AIREARE/10DC	ACTUAL ENP
(7) PELLORSHIP PROGRAM	SOUTH AMERICA	e) e)	11,028.	WIRE/CASE	53,633.	AIREARE/LODG	ACTUAL EXP
(8) FELLOWSHIP PROBRAM	SOUTH ASIA	- 12F V 1	9,520.	WIRE/CRSR	54,939.	AIREARE/LODG	ACTUAL EXP
(9) FELLOWSHIP PROGREM	SUB-SAHARAN AFRICA	0 M	18,620.	WIRE/CASE	120,813,	AIRFARE/LODG	ACTUAL EXP
(10)							
(11)							i i i i i i i i i i i i i i i i i i i
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Part	V 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	X 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; do not file with Form 990)	Yes	X 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	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X 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	X 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; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

Party Supplen

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANTS

AN ICANN FELLOWSHIP IS A GRANT OF SUPPORT THAT IS AWARDED TO ENABLE

INDIVIDUALS FROM STAKEHOLDER GROUPS AROUND THE WORLD TO ATTEND ICANN

PUBLIC 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. INDIVIDUALS MAY NOT RECEIVE THIS GRANT OF SUPPORT MORE THAN THREE TIMES. FOR EACH PUBLIC 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 PUBLIC MEETING, A LIST OF FELLOWS WHO ATTENDED THE MEETING IS POSTED ON THE ICANN WEBSITE.

TRAVEL AND HOTEL COSTS ASSOCIATED WITH FELLOWS PRE-SELECTED TO ATTEND THE PUBLIC MEETING ARE BOOKED AND PAID FOR DIRECTLY BY ICANN. ALL FELLOWS ARE ELIGIBLE TO RECEIVE A FLAT STIPEND NOT TO EXCEED U.S. \$500.00. STIPENDS

Part Supple

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ARE GENERALLY PROVIDED TO FELLOWS BY WIRE TRANSFER AND ARE PAID TO EACH FELLOW SUBSEQUENT TO THE MEETING AND AFTER THE FELLOW HAS DEMONSTRATED COMPLETION OF THE FELLOWSHIP PROGRAM. DURING THE TWELVE MONTHS ENDED JUNE 30, 2015, ICANN PAID \$444,643 TO ALLOW ONE HUNDRED AND FORTY-NINE (149) FELLOWSHIP PARTICIPANTS TO ATTEND THREE (3) ICANN PUBLIC MEETINGS.

ICANN ALSO PROVIDES TRAVEL SUPPORT TO OTHER MEMBERS OF THE VOLUNTEER

COMMUNITY TO FACILITATE POLICY DEVELOPMENT EFFORTS AND OUTREACH IMPORTANT

TO ICANN'S MISSION. THE PROCESS FOR SELECTION IS LARGELY BASED ON

SPECIFIC CRITERIA ESTABLISHED BY EACH STAKEHOLDER/CONSTITUENCY GROUP.

TRAVEL SUPPORT EXTENDED TO THESE GROUPS IS REPORTED AS PART OF TRAVEL

EXPENSES IN PART IX, STATEMENT OF FUNCTIONAL EXPENSES. FOR OTHER

CONTRIBUTIONS, STAKEHOLDER ENGAGEMENT STAFF DEVELOP REQUESTS BASED UPON

ICANN'S STRATEGIC PLAN AND ICANN'S OPERATING PLAN. SPECIFIC NEEDS WITHIN

SPECIFIC REGIONS OF THE WORLD ARE CONSIDERED. ICANN EXECUTIVES REVIEW THE

LIST OF SUGGESTED CONTRIBUTIONS AND DECIDE ON WHICH CONTRIBUTIONS TO

PURSUE. THE ICANN BOARD AND COMMUNITY CONSIDER THE CONTRIBUTIONS WITHIN

THE OVERALL FISCAL YEAR OPERATING PLAN AND BUDGET PROCESS.

SCHEDULE F, PART I, LINE 3

AT JUNE 30, 2015, ICANN HAD INTERNATIONAL OFFICES LOCATED IN BRUSSELS, BELGIUM; ISTANBUL, TURKEY; SINGAPORE, SINGAPORE; AND GENEVA, SWITZERLAND.

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

Earl Supple

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F INCLUDES EMPLOYEES AND LONG-TERM INDEPENDENT CONTRACTORS WORKING FOR ICANN.

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

- A. THE AMOUNTS PAID (FOR COMPENSATION, TRAVEL REIMBURSEMENT, AND OTHER COSTS AND EXPENSES) FROM THE US ACCOUNTS PAYABLE DEPARTMENT APPLICABLE TO THE REGION.
- B. ALL COSTS ASSOCIATED WITH TWO (2) OF A TOTAL OF THREE (3) ANNUAL PUBLIC MEETINGS (I.E. SINGAPORE, SINGAPORE, AND BUENOS AIRES, ARGENTINA) DURING FISCAL YEAR 2015.
- C. AMOUNTS EXPENDED TO FUND THE BRUSSELS, TURKEY, SWITZERLAND AND SINGAPORE BRANCH/LIAISON/REPRESENTATIVE OFFICES, AND PERSONNEL COSTS INCLUDING OFFICE EXPENSES, TRAVEL-RELATED AND OTHER EXPENSES PAID BY THE US ACCOUNTS PAYABLE DEPARTMENT.
- D. ALL PAYMENTS MADE TO INTERNATIONAL BASED EMPLOYEES AND CONTRACTORS WERE RECORDED IN US DOLLARS.

(Form 990)

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public 20. Inspection

OMB No. 1545-0047

×

Yes

► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	A
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Section of the Transmiss		
Department of the fleasury Internal Revenue Service	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	oedsu .
Name of the organization		Employer identification number
INTERNET CORP FOR ASSIGNED NAMES & NUMBERS	NAMES & NUMBERS	95-4712218
Select General Information on Grants	rants and Assistance	A A A A A A A A A A A A A A A A A A A
1 Does the organization maintain records t	cords to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ACCESS ROW							SPCNSORSHIF FOR
PO BOX 20429 NEW YORK, NY 10001-9998	27-0597430	501(C)(3)	10,000.				RIGHTSCON SEA
(2) CEMTER FOR DEMOCRACY & TECHNOLOGY					-		SILVER TABLE
1401 K ST. NW, FLOOR 2, WASKINGTON, DC 20005	52-1905358	501(C)(3)	10,000.				SPORSORSHIF
(3) INTERNAT SOCIETY							DNS FORUM
1775 MIRELE AVE, STE 201 RESTON VA20190-5108	54-1650477	501(C)(3)	30,000.				AFRICA 2014
(4) INTERNAT SOCIETY							ISOC REGIONAL
1775 WIEHLE AVE, STE 201 RESTON VA20190-5108	54-1650477	501(C)(3)	16,000.				ROUNDEABLE
(5) INTERNET SOCIETY							INTERNET PROTOCOL
1773 WIEHLE AVE,STE 201 RESTON VA20190-5108	54-1650477	501(C)(3)	100,000.				JOURNAL
(6) INTERNET SOCIETY	r						DNS FORUM
1775 WIEHLE AVE,STE 201 RESTON VA20190-5108	54-1650477	501 (C) (3)	25,000.				NAIROBI 2015
(7) TECHONOMY MEDIA INC.							SPONSORSHIP - POLICY
20 WEST 22MD ST, STE 502, NEW YORK NY 18010	27-5113545		10,000.				EVENT
(8) UHIVERSITY OF OREGON		501(2)(3)	25.000				NOSEC CONTRIBUTEON
Ecopolis, On	20_00	(2) 101				La company	
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d governmen	t organizations	listed in the line 1 ta	able			4.
3 Enter total number of other organizations listed in th	sted in the lin	e line 1 table		***		A	

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

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Schedule | (Form 990) (2014)

Schedule I (Form 990) (2014)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
4						
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<u>L</u>						The state of the s
	Supplemental Information, Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	s part to prov	ide the informa	lion required in	Part I, line 2, Part III,	column (b), and any other additional

FORM 990, SCHEDULE I, PART I, LINE 2

ORGANIZATION'S PROCEDURES FOR MONITORING GRANTS IN THE UNITED STATES

THE GRANTS ARE PROVIDED TO QUALIFIED ORGANIZATIONS. ONCE FUNDS ARE

TRANSFERRED, ICANN DOES NOT MONITOR THE FUNDS. THE PURPOSE OF THE FUNDS

IS AT THE DISCRETION OF THE GRANTEE.

SCHEDULE J (Form 990)

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

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

► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

95-4712218

Here	Questions Regarding Compensation			
			Yes	No
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.			
	X First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		ĺ	
	Discretionary spending account 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	1b	Х	
	explain	10		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line	_	Х	
	1a? . ,	2	Δ.	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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), 501(c)(4), and 501(c)(29) 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:]
а	The organization?	5a		X
b	Any related organization?	5b		Х
	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	ļ		
•	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
b	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		ļ	
,	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			-
8	·			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			l v
_	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	(B) Bre	(B) Breakdown of W-2	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(I) Base compensation	ase	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benetits	(a)(b)	in column (B) reported as deferred in prior Form 990
STEVE ANTONOFF	1.5	192,261.	33,247.		0 22,797.	19,513.	267,818.	
HR OPERATION SVCS		D	0		0	0	0	0
		470,292.	137,919.		34,500.	27,730.	670,441.	0
T, GLOBAL FOMETHS DIV		0			0	0	0	0
		328,882.	96,308.		34,500.	7,816.	467,506.	0
3 CHIEF OPERATING OFFICER	(0)	D	0)	0	0	0	0
ROBERT DUNCAN BURNS		289,001.	57,386.		30,500.	27,433.	404,320.	0
4 VF, GLOBAL COMMUNICATIONS	(1)	0	0)	0	0	0	0
	28	287,898.	85,663.		30,500.	27,728.	431,789.	0
S CHIEF FINANCIAL OFFICER	€	0	0		o p	0	0	0
		593,142.	144,004.		30,500.	27,730.	795,376.	0
XECUTIVE OFFICER	(9)	0	0		0	0	0	0
		228,111.	65,020.		30,500.	19,383.	343,014.	0
7 VP, IANA & TECHNICAL OPERATIONS	(E)	0	0		0	0	O	0
	(1) 24	243,501.	42,937.		34,500.	9,658.	330,596.	0
8 VP, ONLINE COMMUNITY SERVICES	(E)	0	0		0	Ö	0	0
		274,850.	80,925.)	30,500.	27,408.	413,683.	0
9 VP, STRATEGEC PROGRAMS	(E)	0	D		d c	0	0	0
	(3) 41	410,976.	119,861.)	0 25,239.	27,730.	583,806.	
10 SENERAL COUNSEL AND SECRETARY	€	0	0		o c	0	0	0
	1.9	194,356.	55,952.)	36,261.	39,094.	325,663.	0
44SR. ADVISOR TO PRES - GOV ENGM	€	0	0		0	0		0
	31	313,322.	195,242.		19,341.	8,590.	536,495.	0
12 ^{VP} , GLOBAL STANDHOLDER ENGMT	(E)	0	0)	0	0	0	0
	(i) 2.3	237,389.	. 68, 693.)	34,500.	27,651.	368,233.	0
13 VP STRAT HITTATIVES/PRES ADV	1	0	0		0	0	0	0
		261,612.	62,164.)	30,500.	17,588.	371,864.	0
14VP, DNS INDUSTRY ENGAGEMENT	(E)	0	0)	o c	0	0	0
	28	283,335.	73,656.)	30,500.	27,375.	414,866.	0
15 VP. POLICY DEVELOPMENT	8	0	O	}	0	0	0	0
	(1) 2.3	237,068.	58,779.		35,000.	20,781.	351,628.	0
46 CHIEF INMOVATION AND INFO OFF.	•	0	0		d	0	0	0
	1 .V. I						400	Schoolile (/Eorm 990) 2014

Schedule J (Form 990) 2014

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Schedule J (Form 990) 2014

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Refirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
AMY STATHOS	€	260,952.	50,591.		34,500.	9,712.	355,755.	0
DEPUTY GENERAL COCKSEL		0			0	0	D	0
	€	325,659.	95,363.)	005,500.	9,280.	460,802.	0
	E	0	0)	0	0	0	0
NICK TOMASSO	€	207,839.	39,069.)	0 29,831.	19,344.	296,083.	0
3 VP MEETING OPS & INTL REAL EST	. €	0	0	j	0	0	0	0
	€	255,580.	59,490.)	0 26,192.	27,674.	368,936.	0
4 VP, GILD OPERATIONS	: 3	0	0)	o o	0	D	0
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	(8)							
16	(ii)				N. C. C. C. C. C. C. C. C. C. C. C. C. C.			CADAMANIA MILITARY PROPERTY .
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Schedule J (Form 990) 2014

Supplemental Information

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

PART I, LINE 1A FORM 990, SCHEDULE J, AMOUNTS LISTED IN PART VII OF FORM 990 AND SCHEDULE J REPRESENT AMOUNTS

FOR THE 2014 CALENDAR YEAR.

FORM 990, SCHEDULE J, PART I, LINE 7

REGARDING AT-RISK COMPENSATION:

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 DOCUMENT

ENTITLED ICANN STAFF REMUNERATION PRACTICES.

HTTPS://www.icann.org/en/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY15-01

NOV14-EN.PDF

SCHEDULE J, PART II

ICANN'S OVERALL COMPENSATION PHILOSOPHY IS TO TARGET COMPENSATION BETWEEN

THE SOTH AND 75TH PERCENTILE OF THE RELEVANT MARKET, TO ATTRACT AND

THE DRIVING ELEMENT OF THIS PHILOSOPHY IS THAT STAFF. RIGHT RETAIN THE

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Schedule J (Form 990) 2014

Per Supplemental Information Schedule J (Form 990) 2014

Page 3

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

ICANN'S COMPENSATION IS MARKET-BASED. ICANN HAS STAFF IN MANY DIFFERENT

PARTS OF THE WORLD, AND STRIVES TO APPLY THIS PHILOSOPHY LOCALLY.

EMPLOYMENT MARKETS AROUND THE WORLD ARE QUITE DIFFERENT, AND ALSO BRING

DIFFERENT TAX, BENEFIT, AND OTHER LOCAL CONDITIONS TO BEAR. IN ADDITION,

EXCHANGE RATE FLUCTUATIONS ALSO AFFECT THE U.S. DOLLAR EQUIVALENCE OF THE

INTERNATIONAL STAFF.

SCHEDULE J, PART II, LINE 11, COLUMN D

NONTAXABLE BENEFITS FOR TAREK KAMEL INCLUDE BOTH HIS BENEFITS RECEIVED AS

AN INDEPENDENT CONTRACTOR, AS WELL AS THOSE RECEIVED AS AN EMPLOYEE

DURING THE CALENDAR YEAR.

PAGE 55

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public Inspection

95-4712218

Department of the Treasury Internal Revenue Service Name of the organization

ORGANIZATION'S MISSION

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.

Employer identification number

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

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

THE MISSION OF THE INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

("ICANN") IS TO COORDINATE, AT THE OVERALL LEVEL, AND TO ENSURE THE

STABLE AND SECURE OPERATIONS OF, THE GLOBAL INTERNET'S SYSTEM OF UNIQUE

IDENTIFIERS. IN PARTICULAR, ICANN FULFILLS ITS MISSION BY: (I)

COORDINATING THE ASSIGNMENT OF INTERNET TECHNICAL PARAMETERS AS NEEDED TO

MAINTAIN UNIVERSAL CONNECTIVITY ON THE INTERNET; (II) PERFORMING AND

OVERSEEING FUNCTIONS RELATED TO THE COORDINATION OF THE INTERNET PROTOCOL

("IP") ADDRESS SPACE; (III) PERFORMING AND OVERSEEING FUNCTIONS RELATED

TO THE COORDINATION OF THE INTERNET DOMAIN NAME SYSTEM ("DNS"),

INCLUDING, SUPPORTING THE DEVELOPMENT OF, AND IMPLEMENTING POLICIES FOR

DETERMINING THE CIRCUMSTANCES UNDER WHICH NEW TOP-LEVEL DOMAINS ARE ADDED

TO THE DNS ROOT NAME SERVER SYSTEM; (IV) OVERSEEING OPERATION OF THE

AUTHORITATIVE INTERNET DNS ROOT SERVER SYSTEM; AND (V) ENGAGING IN ANY

OTHER RELATED LAWFUL ACTIVITY IN FURTHERANCE OF ITEMS (I) THROUGH (IV).

SEE ADDITIONAL INFORMATION ABOUT ICANN'S PROGRAMS AND ACTIVITIES ON THE ICANN WEBSITE AND IN THE ICANN ANNUAL REPORT POSTED AT WWW.ICANN.ORG.

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

IN ADDITION TO THE 16 VOTING MEMBERS OF THE BOARD OF DIRECTORS, ICANN'S BYLAWS AS OF JUNE 30, 2015 ALLOWED FOR FOUR (4) NON-VOTING LIAISONS. THE

Employer identification number 95-4712218

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 30, 2015:

- 1) RAM MOHAN (SSAC LIAISON, 2009 PRESENT)
- 2) JONNE SOININEN (IETF LIAISON, 2013 PRESENT)
- 3) SUZANNE WOOLF (RSSAC LIAISON, 2004 PRESENT)
- 4) THOMAS SCHNEIDER (GAC LIAISON, 2015 PRESENT)
- 5) HEATHER DRYDEN (GAC LIAISON, 2010 OCTOBER 2014)

NEW GTLD PROGRAM COMMITTEE

IN ORDER TO HAVE EFFICIENT MEETINGS AND TAKE APPROPRIATE ACTIONS WITH RESPECT TO THE NEW GTLD PROGRAM FOR THE CURRENT ROUND OF THE PROGRAM AND AS RELATED TO THE APPLICANT GUIDEBOOK, THE BOARD CREATED THE NEW GTLD PROGRAM COMMITTEE ("NGPC") IN ACCORDANCE WITH ARTICLE XII OF THE BYLAWS. DURING THE FISCAL YEAR ENDING JUNE 30, 2015, THE NGPC CONSISTED OF ALL BOARD MEMBERS NOT CONFLICTED WITH RESPECT TO THE NEW GTLD PROGRAM. THE BOARD DELEGATED FULL DECISION MAKING AUTHORITY TO THE NGPC AS IT RELATES TO THE CURRENT ROUND OF THE NEW GTLD PROGRAM, WHICH COMMENCED IN JANUARY 2012. ESTABLISHING THIS NEW COMMITTEE WITHOUT CONFLICTED MEMBERS, AND DELEGATING TO ITS DECISION MAKING AUTHORITY, PROVIDED SOME DISTINCT

Employer identification number 95-4712218

ADVANTAGES. FIRST, IT HELPED ELIMINATE ANY UNCERTAINTY FOR CONFLICTED
BOARD MEMBERS WITH RESPECT TO ATTENDANCE AT BOARD MEETINGS AND WORKSHOPS
SINCE THE NEW GTLD PROGRAM TOPICS COULD BE DEALT WITH AT THE COMMITTEE
LEVEL. SECOND, IT ALLOWED FOR ACTIONS TO BE TAKEN WITHOUT A MEETING BY
THE COMMITTEE. ACTIONS WITHOUT A MEETING CANNOT BE TAKEN UNLESS DONE VIA
ELECTRONIC SUBMISSION BY UNANIMOUS CONSENT; SUCH UNANIMOUS CONSENT CANNOT
BE ACHIEVED IF EVEN JUST ONE BOARD MEMBER IS CONFLICTED, AND THEREFORE
NOT ALLOWED TO VOTE. THIRD, IT PROVIDED THE COMMUNITY WITH A TRANSPARENT
VIEW INTO THE BOARD'S COMMITMENT TO DEALING WITH ACTUAL, POTENTIAL OR

THE NGPC MEMBERS AS OF JUNE 30, 2015 INCLUDED:

CHERINE CHALABY (CHAIR)

FADI CHEHADÉ (MEMBER)

PERCEIVED CONFLICTS.

STEPHEN D. CROCKER (MEMBER)

CHRIS DISSPAIN (MEMBER)

ASHA HEMRAJANI (MEMBER)

MARKUS KUMMER (MEMBER)

ERIKA MANN (MEMBER)

GONZALO NAVARRO (MEMBER)

RAYMOND A. PLZAK (MEMBER)

RINALIA ABDUL RAHIM (MEMBER)

GEORGE SADOWSKY (MEMBER)

THOMAS SCHNEIDER (NON-VOTING LIAISON)

MIKE SILBER (MEMBER)

Name of the organization
INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number 95-4712218

KUO-WEI WU (MEMBER)

FORM 990, PART III, LINE 4A
PROGRAM SERVICE ACCOMPLISHMENTS

AS OF JUNE 30, 2015, THE INTERNET NAMESPACE CONSISTED OF 22 LEGACY, 680

NEW GENERIC TOP LEVEL DOMAINS (GTLDS) AND OVER 250 COUNTRY CODE TOP LEVEL

DOMAINS (CCTLDS). EACH GTLD HAS A DESIGNATED "REGISTRY OPERATOR" AND, IN

MOST CASES (EXCEPT FOR A FEW LEGACY TLDS), A REGISTRY AGREEMENT BETWEEN

THE OPERATOR (OR SPONSOR) AND ICANN. THE REGISTRY OPERATOR IS RESPONSIBLE

FOR THE TECHNICAL OPERATION OF THE GTLD, INCLUDING ALL OF THE NAMES

REGISTERED IN THAT TLD. OVER 2,000 ICANN ACCREDITED REGISTRARS INTERACT

WITH REGISTRANTS (AND OTHERS) TO PERFORM DOMAIN NAME REGISTRATION AND

OTHER RELATED SERVICES FOR NEW GTLDS. THE NEW GTLD PROGRAM HAS PROVIDED A

MEANS FOR PROSPECTIVE REGISTRY OPERATORS TO APPLY FOR NEW GTLDS, AND

CREATE NEW OPTIONS FOR CONSUMERS. THE PROGRAM OPENED ITS FIRST

APPLICATION ROUND IN JANUARY 2012 AND ICANN RECEIVED 1930 APPLICATIONS.

AS OF JUNE 30, 2015, ALL APPLICATIONS FOR NEW GTLDS THAT HAVE NOT BEEN WITHDRAWN HAVE COMPLETED INITIAL EVALUATION (IE) PHASE AND, WHERE APPLICABLE, EXTENDED EVALUATION (EE) (WITH ONE EXCEPTION). DURING IE AND EE, ALL APPLICATIONS WERE EVALUATED FOR, AMONG OTHER THINGS, FINANCIAL, TECHNICAL/OPERATIONAL, GEOGRAPHIC NAMES, AND REGISTRY SERVICES. FOLLOWING COMPLETION AND PASSING OF IE, AND EE IF APPLICABLE, FOR EACH APPLICATION NOT ON HOLD FOR SOME OTHER REASON, THE REGISTRY AGREEMENT CONTRACTING PHASE OF THE NEW GTLD PROGRAM COMMENCED. CONTRACTING IS A PROCESS THAT RESULTS IN EACH ELIGIBLE APPLICANT ENTERING INTO A REGISTRY AGREEMENT

WITH ICANN TO OPERATE A GTLD. NOTE THAT THERE ARE SOME CIRCUMSTANCES THAT EXIST THAT MAY DELAY THE START OF THE CONTRACTING PROCESS INCLUDING, BUT NOT LIMITED TO, PENDING OBJECTION PROCEEDINGS, PENDING ICANN ACCOUNTABILITY MECHANISMS, UNRESOLVED CONTENTION, OR DIRECTION FROM THE ICANN BOARD'S NEW GTLD PROGRAM COMMITTEE.

AFTER COMPLETION OF THE CONTRACTING PHASE, THE APPLICANT CAN ELECT TO ENTER INTO PRE-DELEGATION TESTING. PRE-DELEGATION TESTING (PDT) ENSURES THAT AN APPLICANT HAS THE CAPACITY TO OPERATE A NEW GTLD IN A STABLE, SECURE MANNER. EVERY NEW REGISTRY MUST DEMONSTRATE THAT IT HAS ESTABLISHED OPERATIONS IN ACCORDANCE WITH THE TECHNICAL AND OPERATIONAL CRITERIA DESCRIBED IN THE APPLICANT GUIDEBOOK. AFTER PASSING PDT, A REGISTRY'S GTLD CAN BE INTRODUCED INTO THE ROOT ZONE OF THE INTERNET.

AS OF JUNE 30, 2015, 680 NEW GTLDS WERE DELEGATED IN THE ROOT ZONE.

ICANN IS A MULTISTAKEHOLDER ORGANIZATION THAT COORDINATES THE INTERNET DOMAIN NAME SYSTEM (DNS) AND ADDRESSING FOR THE BENEFIT OF INTERNET USERS WORLDWIDE, ENABLING A SINGLE, INTEROPERABLE INTERNET. ICANN IS RESPONSIBLE FOR THE GLOBAL TECHNICAL COORDINATION OF THE DNS. AS OF JUNE 30, 2015, THERE WERE OVER 240 MILLION INTERNET DOMAIN NAMES, INCLUDING APPROXIMATELY 133 MILLION INTERNET DOMAIN NAMES FOUND IN GENERIC TOP-LEVEL DOMAINS, MOST OF WHICH ARE GOVERNED BY ICANN'S COMMUNITY-DEVELOPED POLICIES. SEE ADDITIONAL INFORMATION ABOUT ICANN'S PROGRAMS AND ACTIVITIES ON THE ICANN WEBSITE AND IN THE ICANN ANNUAL

Name of the organization
INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

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REPORT POSTED AT WWW.ICANN.ORG.

NEW GTLD AUCTIONS

CONTENTION SETS ARE GROUPS OF APPLICATIONS FOR IDENTICAL OR CONFUSINGLY SIMILAR STRINGS. IF TWO OR MORE APPLICANTS ARE UNABLE TO RESOLVE THEIR CONTENTION THROUGH OTHER MEANS, THEY PROCEED TO AN ICANN AUCTION, WHICH IS THE METHOD OF LAST RESORT TO RESOLVE STRING CONTENTIONS AS PRESCRIBED IN MODULE 4 OF THE APPLICANT GUIDEBOOK. A TOTAL OF TWELVE (12) AUCTIONS WERE CONDUCTED DURING THE FISCAL YEAR ENDED JUNE 30, 2015.

FOR MORE INFORMATION ON AUCTIONS VISIT

HTTP://NEWGTLDS.ICANN.ORG/EN/APPLICANTS/AUCTIONS

FORM 990, PART IV, LINES 28A-C

BUSINESS TRANSACTIONS WITH INTERESTED PARTIES

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 OF INTEREST STATEMENTS.

SEE: HTTP://WWW.ICANN.ORG/EN/GROUPS/BOARD/DOCUMENTS/SOIS

AS OF CALENDAR 2014, THE IRS HAS REVISED ITS STATUTORY DEFINITION OF

"INTERESTED PERSONS", AS RELATES TO THE TAX FORM 990. AS SUCH, FOR THE PURPOSES OF THIS FILING, ICANN NO LONGER HAS ANY APPLICABLE TRANSACTIONS TO REPORT ON SCHEDULE L - TRANSACTIONS WITH INTERESTED PERSONS.

FORM 990, PART VI, LINE 7A

BODIES THAT APPOINT MEMBERS OF ICANN'S GOVERNING BODY

THE NOMINATING COMMITTEE (NOMCOM) IS RESPONSIBLE FOR THE SELECTION OF

EIGHT ICANN VOTING BOARD MEMBERS AND FOR OTHER SELECTIONS AS ARE SET

FORTH IN THE BYLAWS. (SEE BYLAWS ARTICLE VII, SECTION 1.) THE NOMCOM IS

CHARGED WITH POPULATING A PORTION OF THE ICANN BOARD AS NOTED ABOVE, AS

WELL AS THE AT-LARGE ADVISORY COMMITTEE ("ALAC"), THE COUNTRY CODE NAMES

SUPPORTING ORGANIZATION ("CCNSO") COUNCIL AND THE GENERIC NAMES

SUPPORTING ORGANIZATION ("GNSO") COUNCIL. THE NOMCOM COMPLEMENTS THE

OTHER MEANS FOR FILLING A PORTION OF KEY ICANN LEADERSHIP POSITIONS

ACHIEVED WITHIN THE SUPPORTING ORGANIZATIONS AND ADVISORY COMMITTEES.

THE BYLAWS ALSO STATE THAT THE NOMCOM SHALL ADOPT SUCH OPERATING

PROCEDURES AS IT DEEMS NECESSARY, WHICH SHALL BE PUBLISHED ON THE ICANN

WEBSITE. THE NOMCOM IS DESIGNED TO FUNCTION INDEPENDENTLY FROM THE BOARD,

THE SUPPORTING ORGANIZATIONS, AND ADVISORY COMMITTEES.

MEMBERS OF THE NOMCOM CONTRIBUTE BOTH THEIR UNDERSTANDING OF THE BROAD INTERESTS OF THE INTERNET AS A WHOLE AND THEIR KNOWLEDGE AND EXPERIENCE OF THE CONCERNS AND INTERESTS OF THE INTERNET STAKEHOLDERS THAT HAVE APPOINTED THEM. THE CHALLENGE FOR THE NOMCOM IS TO INTEGRATE THESE PERSPECTIVES AND DERIVE CONSENSUS IN ITS SELECTIONS. ALTHOUGH APPOINTED

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BY SUPPORTING ORGANIZATIONS AND OTHER ICANN BODIES, INDIVIDUAL NOMCOM MEMBERS ARE NOT ACCOUNTABLE TO THEIR APPOINTING CONSTITUENCIES BUT RATHER TO ICANN AS A WHOLE. NOMCOM MEMBERS ARE ACCOUNTABLE FOR ADHERENCE TO THE BYLAWS AND FOR COMPLIANCE WITH THE RULES AND PROCEDURES ESTABLISHED BY THE NOMCOM.

IN ADDITION, AND ALSO IN ACCORDANCE WITH ICANN'S BYLAWS, EACH OF THE FOLLOWING SUPPORTING ORGANIZATIONS NAME TWO VOTING BOARD MEMBERS TO THE ICANN BOARD, EACH FOR A THREE-YEAR TERM: THE ADDRESS SUPPORTING ORGANIZATION, THE CCNSO AND THE GNSO. FURTHER, THE AT-LARGE COMMUNITY ALSO NAMES ONE VOTING BOARD MEMBER TO THE ICANN BOARD EVERY THREE YEARS.

FORM 990, PART VI, LINES 10A & 10B

LOCAL CHAPTERS, BRANCHES AND AFFILIATES

DURING FISCAL 2015, ICANN HAD OFFICES OUTSIDE OF THE UNITED STATES IN

BRUSSELS, BELGIUM; ISTANBUL, TURKEY; SINGAPORE, SINGAPORE; AND GENEVA,

SWITZERLAND; ALL OF WHICH PROVIDED OPERATIONAL OR ENGAGEMENT SUPPORT TO

THEIR RESPECTIVE GEOGRAPHICAL REGIONS AND/OR TIME ZONES.

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

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

1. ICANN ENGAGES AN OUTSIDE TAX PREPARER TO ASSIST IN THE PREPARATION OF

Employer identification number 95-4712218

ITS FORM 990.

- 2. ICANN'S CHIEF FINANCIAL OFFICER (CFO), AND OFFICE OF THE GENERAL COUNSEL REVIEW THE FORM 990, AND THE CFO SIGNS OFF FOR APPROVAL.
- 3. THE FORM 990 IS PROVIDED TO THE ICANN BOARD MEMBERS.

FORM 990, PART VI, LINE 12C CONFLICTS OF INTEREST POLICY

ICANN HAS WRITTEN CONFLICTS OF INTEREST POLICIES, WHICH ARE APPLICABLE TO ALL BOARD MEMBERS AND STAFF MEMBERS. THE OFFICE OF THE GENERAL COUNSEL MONITORS THE POLICIES WITH OVERSIGHT BY THE BOARD GOVERNANCE COMMITTEE (BGC) AS THEY RELATE TO THE BOARD. A CONFLICTS OF INTEREST DISCLOSURE STATEMENT IS COMPLETED ANNUALLY AND SIGNED BY EACH BOARD MEMBER, OFFICER AND EMPLOYEE. THE STAFF MEMBER AND CONTRACTOR DISCLOSURE STATEMENTS ARE REVIEWED BY THE HEAD OF HUMAN RESOURCES AND DISCUSSED WITH GENERAL COUNSEL'S OFFICE IF ANY ISSUES ARISE. THE BOARD LEVEL DISCLOSURE STATEMENTS ARE REVIEWED BY THE OFFICE OF GENERAL COUNSEL AND THE BGC. THE BOARD MEMBER, OFFICER AND KEY EMPLOYEE CONFLICTS OF INTEREST POLICY CAN BE FOUND AT:

HTTP://WWW.ICANN.ORG/EN/GROUPS/BOARD/GOVERNANCE/COI.

THIS POLICY DESCRIBES THE DUTY TO DISCLOSE, THE PROCEDURES FOR ADDRESSING CONFLICTS OF INTEREST, THE DUTY TO ABSTAIN, HOW VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY WILL BE HANDLED, THE 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.

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A SUMMARY OF BOARD MEMBER AND OFFICER DISCLOSURE STATEMENTS ARE POSTED ON THE WEBSITE AT: http://www.icann.org/en/groups/board/documents/sois

FORM 990, PART VI, LINES 13 & 14

WHISTLEBLOWER POLICY AND DOCUMENT RETENTION AND DESTRUCTION POLICY

ICANN MAINTAINS AN INTERNAL DOCUMENT RETENTION AND DESTRUCTION POLICY AND

HISTORICALLY HAS FOLLOWED BEST INDUSTRY PRACTICES FOR RETENTION AND

DESTRUCTION. ICANN ALSO MAINTAINS AN INTERNAL WHISTLEBLOWER (OR

"ANONYMOUS HOTLINE") POLICY, THAT ALSO FOLLOWS INDUSTRY BEST PRACTICES.

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

PROCESS FOR DETERMINING COMPENSATION

ICANN FOLLOWS PRINCIPLES OF ACCOUNTABILITY AND TRANSPARENCY AND DESCRIBES

ITS REMUNERATION PLANS AND PRACTICES, WHICH ARE CONTINUALLY UPDATED. THE

VERSION OF ICANN'S REMUNERATION PRACTICES APPLICABLE DURING FY2015 IS

POSTED AT:

HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY15-01
NOV14-EN.PDF

THE PROCESS FOR DETERMINING COMPENSATION, INCLUDING SURVEYS OF COMPARABLE POSITIONS AND OTHER MARKET STUDIES IS DESCRIBED IN THIS REMUNERATION PRACTICES REPORT. OFFICER COMPENSATION IS DISCLOSED AS WELL. SALARIES OF ALL OFFICERS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS FOLLOWING RECOMMENDATIONS BY THE BOARD COMPENSATION COMMITTEE, WHICH ARE INFORMED BY RECOMMENDATIONS AND COMPARABLE DATA PROVIDED BY INDEPENDENT

Employer identification number 95-4712218

COMPENSATION EXPERTS. CONFIDENTIAL MINUTES OF THESE MEETINGS ARE

MAINTAINED BY THE BOARD SECRETARY AS PART OF THE CORPORATE SECRETARIAT

FUNCTION. EACH YEAR THE APPOINTMENT FOR EACH OFFICER IS CONFIRMED BY THE

BOARD OF DIRECTORS AT THE ANNUAL GENERAL MEETING. THE COMPENSATION REVIEW

PROCESS OCCURS ANNUALLY; THE LAST REVIEW WAS COMPLETED IN JULY, 2014.

FORM 990, PART VI, LINE 18

AVAILABILITY OF 990

ICANN POSTS ITS FORM 990 ON ITS WEBSITE. THE PRIOR YEAR POSTING IS LOCATED AT:

HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/FY-2014-FORM-990-31MAR15-EN.PD

F

IN ADDITION, THE FORM 990 IS POSTED ON THE WWW.GUIDESTAR.ORG WEBSITE.

FINALLY, HARD COPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST. REQUESTS

SHOULD BE SUBMITTED TO ICANN'S CFO BY EMAIL TO XAVIER.CALVEZ@ICANN.ORG,

OR BY PHONE AT +1.310.301.5838.

ICANN POSTS THE ORIGINAL FORM 1023 (APPLICATION FOR TAX-EXEMPT STATUS) ON ITS WEBSITE AT: https://archive.icann.org/en/financials/tax/us/

FORM 990, PART VI, LINE 19

AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICTS OF INTEREST, AND FINANCIAL STATEMENTS

IN ACCORDANCE WITH ITS CORPORATE BYLAWS

(SEE HTTP://WWW.ICANN.ORG/EN/ABOUT/GOVERNANCE/BYLAWS) AND THE AFFIRMATION

OF COMMITMENTS WITH THE UNITED STATES DEPARTMENT OF COMMERCE (SEE

HTTPS://www.icann.org/resources/pages/governance/aoc-en), 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: HTTPS://www.icann.org/resources/pages/governance/financials

-EN

FORM 990, PART VII

OFFICER/DIRECTOR SERVICE DATES

IN PART VII, A DATE FOLLOWING AN OFFICER/DIRECTOR'S NAME INDICATES THE DATE ON WHICH THE OFFICER/DIRECTOR'S SERVICES ENDED. IF NO DATE IS INDICATED, THAT OFFICER/DIRECTOR WAS ACTIVE AS OF JUNE 30, 2015.

FORM 990, PART VII, SECTION A, LINE 4, COLUMN D
REPORTABLE COMPENSATION FOR STEVE CROCKER REPRESENTS SIX (6) MONTHS OF
HIS TOTAL COMPENSATION OF \$75,000 FOR THE CALENDAR YEAR 2014. THE BALANCE
OF HIS COMPENSATION IS NOT CONSIDERED REPORTABLE, AS IT WAS PAID TO MR.
CROCKER'S CORPORATION, SHINKURO, INC.

FORM 990, PART VII, SECTION B

COMPENSATION OF INDEPENDENT CONTRACTORS PAID OVER \$1,000,000 AS OF JUNE

30, 2015

IN ADDITION TO THE DISCLOSURE IN FORM 990, PART VII, SECTION B OF THE COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS, ICANN, BELOW, DISCLOSES THE COMPENSATION OF ALL INDEPENDENT CONTRACTORS PAID

Name of the organization
INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number

95-4712218

OVER \$1,000,000 DURING THE CALENDAR YEAR ENDING WITHIN THE FISCAL YEAR

ENDED JUNE 30, 2015.

NAME:

JONES DAY

ADDRESS:

555 S. FLOWER STREET, 50TH FLOOR

LOS ANGELES, CA 90071

DESCRIPTION OF SERVICES:

LEGAL SERVICES

COMPENSATION:

3,905,497

REFERENCE:

SEE ATTACHMENT 2

NAME:

STIFTELSEN FOR INTERNETINFRASTRUKTUR.SE

ADDRESS:

RINGVAGEN 100 A/BOX 7399

STOCKHOLM 103 91 SWEDEN

DESCRIPTION OF SERVICES:

NEW GTLD PROGRAM

COMPENSATION:

2,943,900

REFERENCE:

SEE ATTACHMENT 2

NAME:

IBM BELGIUM SPRL/BVBA

ADDRESS:

AVENUE DU BOURGET / BOURGETLAAN 42

BRUSSELS 1130 BELGIUM

DESCRIPTION OF SERVICES:

NEW GTLD PROGRAM

COMPENSATION:

2,831,021

REFERENCE:

SEE ATTACHMENT 2

NAME:

RC HOTELS (PTE) LTD

Schedule O (Form 990 or 990-EZ) 2014 Page 2

Name of the organization

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number

95-4712218

ADDRESS:

2 STAMFORD ROAD

SINGAPORE 178882 SINGAPORE

DESCRIPTION OF SERVICES:

ICANN MEETINGS

COMPENSATION:

1,836,525

REFERENCE:

SEE ATTACHMENT 2

NAME:

NEO INNOVATION INC.

ADDRESS:

717 MARKET STREET, SUITE 100

SAN FRANCISCO, CA 94103

DESCRIPTION OF SERVICES:

SOFTWARE DEVELOPMENT

COMPENSATION:

1,737,767

REFERENCE:

SEE ATTACHMENT 2

NAME:

POWER AUCTIONS, LLC

ADDRESS:

3333 K STREET NW, SUITE 425

WASHINGTON, DC 20007

DESCRIPTION OF SERVICES:

NEW GTLD PROGRAM

COMPENSATION:

1,728,569

NAME:

HILTON LONDON METROPOLE

ADDRESS:

225 EDGWARE ROAD

LONDON W2 1JU UNITED KINGDOM

DESCRIPTION OF SERVICES:

ICANN MEETINGS

COMPENSATION:

1,600,470

Name of the organization

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Proposition in the organization in t

NAME:

ERNST & YOUNG U.S. LLP

ADDRESS:

200 PLAZA DRIVE

SECAUCUS, NJ 07094

DESCRIPTION OF SERVICES:

NEW GTLD PROGRAM

COMPENSATION:

1,549,936

NAME:

JAS GLOBAL ADVISORS LLC

ADDRESS:

150 N. MICHIGAN AVE., SUITE 2800

CHICAGO, IL 60601

DESCRIPTION OF SERVICES:

NEW GTLD PROGRAM

COMPENSATION:

1,444,690

NAME:

K2 PARTNERING SOLUTIONS, INC.

ADDRESS:

235 PROMENADE STREET, SUITE 104

PROVIDENCE, RI 02908

DESCRIPTION OF SERVICES:

SOFTWARE DEVELOPMENT

COMPENSATION:

1,310,956

NAME:

DANIEL J. EDELMAN, LTD

ADDRESS:

SOUTHSIDE 105 VICTORIA STREET

LONDON SW1E 6QT UNITED KINGDOM

DESCRIPTION OF SERVICES:

COMMUNICATIONS

COMPENSATION:

1,220,889

NAME:

LS-PROS DBA MOORE-LE-PROS

Schedule O (Form 990 or 990-EZ) 2014

Name of the organization

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number

95-4712218

ADDRESS:

BUENOS AIRES, ARGENTINA

DESCRIPTION OF SERVICES:

TRANSLATION SERVICES

COMPENSATION:

1,199,917

NAME:

HYATT REGENCY CENTURY PLAZA

ADDRESS:

2025 AVENUE OF THE STARS

LOS ANGELES, CA 90067

DESCRIPTION OF SERVICES:

ICANN MEETINGS

COMPENSATION:

1,051,227

FORM 990, PART IX, LINE 11G

FEES FOR SERVICES - OTHER

TRANSLATION SERVICES 4,078,267

CONSULTING SERVICES 2,922,156

NEW GTLD AUCTION FEES 2,834,795

NEW GTLD PRE-DELEGATION TESTING 2,657,842

COMMUNICATIONS 1,478,313

TEMPORARY PERSONNEL 1,351,105

STUDIES & RESEARCH 1,330,096

STRATEGIC INITIATIVES 1,120,095

NEW GTLD FINANCIAL & TECHNICAL EVALUATIONS 1,103,710

NEW GTLD TRADEMARK CLEARINGHOUSE 1,033,971

DATA ESCROW SERVICES 580,173

REGISTRY & REGISTRAR SERVICES 368,342

TOTAL

20,858,865

Schedule O (Form 990 or 990-EZ) 2014

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

95-4712218

FORM 990, PART IX, LINE 24A

RISK COSTS - GTLD

RISK COSTS ARE EXPENSES THAT RELATE TO ANY CONTINGENCIES THAT MAY BE INCURRED BY ICANN AT ANY TIME THROUGHOUT OR AFTER THE NEW GTLD APPLICATION PROCESS. APPROXIMATELY ONE THIRD OF TOTAL FEES CHARGED TO APPLICANTS IN RELATION TO THE NEW GTLD PROGRAM ARE IN ANTICIPATION OF THESE COSTS.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

FOREIGN EXCHANGE GAIN (LOSS)

(237,951)

ROUNDING

(8)

\$(237,959)

ATTACHMENT

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

BELGIUM

TURKEY

SWITZERLAND

SINGAPORE

ATTACHMENT 2

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

JONES DAY

LEGAL SERVICES

3,905,497.

555 S. FLOWER STREET, 50TH FLOOR LOS ANGELES, CA 90071

NEW GTLD PROGRAM

STIFTELSEN FOR INTERNETINFRASTRUKTUR.SE

2,943,900.

Name of the organization

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number

95-4712218

ATTACHMENT 2 (CONT'D)

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

RINGVAGEN 100 A/BOX 7399 103 91

STOCKHOLM

SWEDEN

IBM BELGIUM SPRL/BVBA

NEW GTLD PROGRAM

2,831,021.

AVENUE DU BOURGET/BOURGETLAAN 42 1130

BRUSSELS

BELGIUM

RC HOTELS (PTE) LTD

ICANN MEETINGS

1,836,525.

2 STAMFORD ROAD 178882

SINGAPORE

SINGAPORE

NEO INNOVATION INC

SOFTWARE DEVELOPMENT

1,737,767.

717 MARKET STREET, SUITE 100 SAN FRANCISCO, CA 94103