Attached are the US Form 990 and the California Form 199. The Form 990 is the Return for Organizations exempt from income tax under section 501(c) of the Internal Revenue Code. The Form 199 is the annual information return for exempt organizations in the State of California. The Form 990 is also publicly available on the <a href="https://www.guidestar.com">www.guidestar.com</a> website.

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

### EXTENSION GRANTED TO 5/17/04

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public inspection

A	For t	he 2	2002 calendar year, or tax year period beginning J	JL 1, 2002	and e	nding JUN 30	, 20	03
B	Checi	k if ≍able:	Please Use IRS INTERNET CORPORATION	FOR ACCIONS	א זא	MEG	D Emplo	oyer identification number
	Ad	dres: ange	label or AND NUMBERS	FOR ABSIGNED	JIMA	rico	95	-4712218
	TNa Na	me ange	type. Number and street for P.O. hov if mail is no	t delivered to street address	4)	Room/euite		hone number
	Inil		Specific 4676 ADMIRALTY WAY		••	330		0-823-9358
	Flπ ret	al um	linstruc- tions. City or town, state or country, and ZIP + 4					ting method: Cash X Accrual
	□JAn	nende um	MARINA DEL REY, CA	0292-6601				ther becify)
	Ap	plica nding	2 - 200 con contation of the 4341 (8)(1)	) nonexempt charitable tru	sts	H and I are not appl		section 527 organizations.
			must attach a completed Schedule A (Form 99	0 or 990-EZ).		H(a) Is this a group re		,
			: ▶ICANN.ORG			H(b) If "Yes," enter nu	mber of	affiliates >
			tion type (check only one) X 501(c) (3) (insert		527			N/A Yes No
			re lifthe organization's gross receipts are norm			(If "No," attach a H(d) Is this a separate	a return f	iled by an or
	orgai in the	nizat	ion need not file a return with the IRS; but if the organizat	ion received a Form 990 Pa	ckage	ganization cover	ed by a g	roup ruling? Yes X No
	ni tiit	IIIa	il, it should file a return without financial data. Some state	s require a complete retui	n.	I Enter 4-digit GEI		
ı	Grass	e rac	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶	7,048,03	0	M Check ►	f the org	anization is not required to attach
	art		Revenue, Expenses, and Changes in I			Sch. B (Form 99	U, 99U-E	Z, 01 990-P1).
90,000	1		Contributions, gifts, grants, and similar amounts receive		Dola	11003		888
		а	Direct public support		1a	910,2	70 - 🛭	
		b	Indirect public support			320/2	· • •	
		C	Government contributions (grants)				<del></del>	
			Total (add lines 1a through 1c) (cash \$ 91	0.270 nnncash \$			<b>√</b> ————————————————————————————————————	910,270.
	2		Program service revenue including government fees and	contracts (from Part VII II	ne 93)		′ ├-	2 6,119,320.
	3		Membership dues and assessments					3
	4	}	Interest on savings and temporary cash investments .	***************************************	• • • • • • • • • • • • • • • • • • • •	•••••		4 18,428.
	5	i	Dividends and interest from securities	***************************************	• • • • • • • • • • • • • • • • • • • •	***************************************	·····  -	5
	6	a	Gross rents			***************************************	1.03	· · · · · ·
		b	Less: rental expenses					
			Net rental income or (loss) (subtract line 6b from line 6a				—— "·"	6c
	٦		Other investment income (describe	,		***************************************	···;	7
Revenue	8	а	Gross amount from sale of assets other	(A) Securities		(B) Other	1	
Š	1		than inventory		8a	127 53.157		
Œ		b	Less: cost or other basis and sales expenses		8b	2,30	6.	
			Gain or (loss) (attach schedule)		8c	-2,30		
			Net gain or (loss) (combine line 8c, columns (A) and (B)	)	*		~ ~	-2,306.
	9		Special events and activities (attach schedule)					75
		а	Gross revenue (not including \$	of contributions				3.73 3833
			reported on line 1a)		ga			
			Less: direct expenses other than fundraising expenses	······································	9b			
		C	Net income or (loss) from special events (subtract line 9	from line 9a)	,,			9c
	10	a	Gross sales of inventory, less returns and allowances		10a			***** - (1)
	l	b	Less: cost of goods sold		10b			
			Gross profit or (loss) from sales of inventory (attach sch					10c
	11		Other revenue (from Part VII, line 103)	•••••		•••••	<u>L</u>	11
	12		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c	, and 11)				7,045,712.
ý)	13		Program services (from line 44, column (B))				<u>L</u>	13 4,222,349.
Expenses	14		Management and general (from line 44, column (C))			·····	<u>L</u>	1,853,879.
ē	15		Fundraising (from line 44, column (D))		•••••			15
ΨÛ	15		Payments to affiliates (attach schedule)		•••••	•••••••••••••••••••••••••••••••••••••••	<u>L</u>	16
	17		Total expenses (add lines 16 and 44, column (A))	401	<u></u>			6,076,228.
Ŋ	18		Excess or (deficit) for the year (subtract line 17 from line	12)	• • • • • • • • • • • • • • • • • • • •	······································	<u> </u>	18 969,484.
Net Assets	19		Net assets or fund balances at beginning of year (from lin	ie /3, column (A))				3,047,187.
Ą	20		Other changes in net assets or fund balances (attach exp	ianation) S	EE :	STATEMENT 3	! <u> </u> _:	-280,809.
2230 01-2	21		Net assets or fund balances at end of year (combine lines				1	3,735,862.
01-2	2-03	L,	.HA For Paperwork Reduction Act Notice, see the se	parate instructions.				Form 990 (2002)

8.0	Functional Expenses and (4	) Of U	anizations and section 4947	(a)(1) nonexempt charitable	is trusts but optional for oth	in SU1(C)(3) Page 2 ers.
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	cash \$ noncash\$	22				
23	Specific assistance to individuals (attach schedule)	23			Superintendents	
24	, , , , , , , , , , , , , , , , , , , ,	24				
25		25	651,353.	442,920.	208,433.	
26		26	737,789.	501,697.		
27		27	150,953.	102,648.	48,305.	
28	Other employee benefits	28	94,538.	64,286.		
29	•	29	86,547.	58,852.	27,695.	
30	Professional fundraising fees	30				
31	Accounting fees	31	36,350.	36,350.		
32	Legal fees	32	683,356.	644,855.		
33	Supplies	33	40,715.	4,099.		
34	Telephone	34	202,943.	16,611.	186,332.	
35	Postage and shipping	35	7,918.	24.	7,894.	
36	Occupancy	36	273,296.	49,615.	223,681.	
37	Equipment rental and maintenance	37	120,239.		120,239.	
38	Printing and publications	38	29,426.	2,378.		
39	Travel	39	1,205,158.	1,202,243.	2,915.	
40	Conferences, conventions, and meetings	40	55,279.	46,992.		
41	Interest	41	4,406.		4,406.	
42	Depreciation, depletion, etc. (attach schedule)	42	68,261.		68,261.	
43	Other expenses not covered above (itemize):					
8		43a				
t		43b				· · · · · · · · · · · · · · · · · · ·
5		43c				
d	COR CONTONION A	43d	1 607 701	1 040 770	550 000	
	SEE STATEMENT 4 Total functional expenses (add lines 22 through 43). Organizations completing columns (8)-(0), carry these totals to lines 13-15	43e		1,048,779.	578,922.	
			6,076,228.	4,222,349.	1,853,879.	0.
	nt Costs. Check  if you are following SOP 98					<u> </u>
Are	any joint costs from a combined educational campaig	in and	tunoraising solicitation rej	oned in (B) Program servi	ces?	Yes A No
	res," enter (i) the aggregate amount of these joint cos	ιs <b>Φ</b> _				<del></del>
	the amount allocated to Management and general \$ art     Statement of Program Service	Αρ		(iv) the amount allocated to	rungraising \$	£0
	at is the organization's primary exempt purpose?	70 7	ccompilannenta			<del></del>
	EE FOOTNOTE					Program Service
	rganizations must describe their exempt purpose achievement	s in a c	lear and concise manner. State	the number of clients served, pu	blications issued, etc. Discuss	Expenses (Required for 501(c)(3) and
	evernants that are not measurable, (Section 501(c)(3) and (4) on rations to others.)	janizat	ions and 4947(a)(1) nonexempt o	charitable trusts must also enter	the amount of grants and	(4) orgs., and 4947(a)(1)
-	TO ASSIST IN THE DESIGN	_ 1	DEVELOPMENT	AND TESTING	ਹੁੰਦ ਸ਼ੁਸ਼ਦ	trusts; but optional for others.)
_			ROCEDURES NE			
	OF THE ROOT SERVERS AND					
	CONNECTIVITY ON THE INT			Grants and allocations \$	1	4,222,349.
ь			19	Trainto dillo dillocationis &		1/22/015
_						
		-	10	Grants and allocations \$		
c				The street stree		
_						
				Grants and allocations \$	1	
d			(0	Grants and allocations \$	)	
d			(0	Grants and allocations \$	)	
d			(6	Grants and allocations \$	)	
d				Grants and allocations \$	)	
8	Other program services (attach schedule)		9)	Grants and allocations \$ Grants and allocations \$	)	
<u>e</u>	Other program services (attach schedule)  Total of Program Service Expenses (should equal i	ne 44	9)	Grants and allocations \$ Grants and allocations \$	)	4,222,349.

60

81

Part IV Balance Sheets

b Less: accumulated depreciation 55b

57 a Land, buildings, and equipment: basis 57a

Other assets (describe DEPOSITS

Total liabilities (add lines 60 through 65)

69 and lines 73 and 74.

Investments - other .....

b Less: accumulated depreciation \_\_\_\_\_\_\_57b

Total assets (add lines 45 through 58) (must equal line 74)...

Other liabilities (describe LOANS PAYABLE

Accounts payable and accrued expenses

Grants payable

Deferred revenue

Loans from officers, directors, trustees, and key employees

b Mortgages and other notes payable

Unrestricted

Temporarily restricted .....

Permanently restricted .....

64 a Tax-exempt bond liabilities

Organizations that follow SFAS 117, check here | X | and complete lines 67 through

Organizations that do not follow SFAS 117, check here

55c

56

فالمحاذات

57c

58

59

60

61

62

63

64a

64b

65

66

67

68

69

221,272

4,194,510.

626,163.

496,469.

24,691.

1,147,323.

2,804,380.

242,807.

489.

112,703.

4,911,369.

572,330.

599,472.

3,705.

1,175,507.

3,735,862.

5,000.

Page 3

#### Note: Where required, attached schedules and amounts within the description column (A) Beginning of year should be for end-of-year amounts only. End of year 305,562. 45 Cash - non-interest-bearing 183,108. 45 46 Savings and temporary cash investments 1,513,536. 1,173,309. 46 47 a Accounts receivable ..... 3,361,251. 47a 2,153,651 3,361,251. b Less: allowance for doubtful accounts 47b 47c 48 a Pledges receivable 48a b Less: allowance for doubtful accounts 48b 48c Grants receivable 49 49 Receivables from officers, directors, trustees, 50 and key employees ..... 50 51 a Other notes and loans receivable \_\_\_\_\_\_\_51a ái W b Less: allowance for doubtful accounts \_\_\_\_\_\_\_51b 51c Inventories for sale or use 52 Prepaid expenses and deferred charges ..... 75,998. 53 54 Investments - securities \_ Cost L 54 55 a Investments - land, buildings, and equipment: basis \_\_\_\_\_\_\_55a

478,943.

366,240.

_				
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	4,194,510. 74	4,911,369.
		column (A) must equal line 19; column (B) must equal line 21)	3,047,187. 73	3,735,862.
Net	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72;		
Ā	72	Retained earnings, endowment, accumulated income, or other funds	72	
se	71	Paid-in or capital surplus, or land, building, and equipment fund	71	
ts o	70	Capital stock, trust principal, or current funds	70	
-	1	70 through 74.	%%%	

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

und Balances

INTERNET CORPORATION FOR ASSIGNED NAMES

Forn	n 990 (2002) AND NUMBERS	9	95-4712218 P	ige 4
Pe	Reconciliation of Revenue per Audited	Part IV-B Reconciliation of Expe		
W.A.	Financial Statements with Revenue per	Financial Statements	with Expenses per	
	Return	Return		
а	Total revenue, gains, and other support per audited financial statements <b>a</b> 7,241,869.	a Total expenses and losses per	6 310 30	3/25
	No. (Built Described and Authorities and Autho	b Amounts included on line a but not on	▶ a 6,310,38	<del>'/:</del>
Þ	Amounts included on line a but not on	line 17, Form 990:		**
	line 12, Form 990:	(1) Donated consists	CARREST STREET STREET STREET, STREET	18
(1)	Net unrealized gains	and use of facilities \$ 193,85	11.	
	on investments\$	(2) Prior year adjustments	De Grove Alexand South	11.5
(2)	Donated services	reported on line 20,	1.148.364.36	
	and use of facilities \$ 193,851.	Form 990\$		
(3)	Recoveries of prior	(3) Losses reported on	— I I	4
	year grants\$	line 20, Form 990\$		
(4)	Other (specify):		—- k I	Nº
177	10 14 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(4) Other (specify):		
	103.051	STMT 5 \$ 40,30	<b>70</b> •	<b>1</b>
	Add amounts on lines (1) through (4) b 193,851.	Add amounts on lines (1) through (4)	. ▶ b 234,15	
C	Line a minus line b	c Line a minus line b	► c 6,076,22	8.
đ	Amounts included on line 12, Form	d Amounts included on line 17, Form		14
	990 but not on line a:	990 but not on line a:		Contract of the Contract of th
(1)	Investment expenses	(1) Investment expenses		100
	not included on	not included on		
	line 6b, Form 990\$	line 6b, Form 990\$		er der
(2)	Other (specify):		— [ ]:	
	TMT 6 s -2,306.	(2) Other (specify):		25
2	TMT 6 \$ -2,306. Add amounts on lines (1) and (2)  d -2,306.	· · · · · · · · · · · · · · · · · · ·		
		Add amounts on lines (1) and (2)	. Þ d	0.
8	Total revenue per line 12, Form 990	e Total expenses per line 17, Form 990		
F . 1-31	(fine c plus fine d) ▶ e 7,045,712.	(line c plus line d)	. ▶ e 6,076,22	8.
Pa	At V List of Officers, Directors, Trustees, and Key E			
		(8) Title and average hours (C) Compensation (I not paid, enter	D) Contributions to (E) Expens	e
	(A) Name and address	per week devoted to (If not paid, enter position -0)	plans & deferred compensation other allows	
		position 9.7	compensation Other allowal	1003
		1	ŧ	
SE	E STATEMENT 7	651 252	49 702 612 75	a
<u> </u>	d DIRILIMINI ,	031,333.	48,703.612,75	<u></u>
		1 1	ľ	
-		·		_
			18 19 10 10 10	
100000000000000000000000000000000000000				
			1	
-				_
				7
		1		
75 1	Did any officer, director, trustee, or key employee receive aggregate compensation	n of more than \$100,000 from your ameniation	od all related	_
	organizations, of which more than \$10,000 was provided by the related organizations.		7 • -	
	riganizations, or milion more man gro,000 was provided by the related organization	ions? If "Yes," attach schedule. ▶ 🔃 Yes 🛛 🗙	NO Form 990 (20	102)

### INTERNET CORPORATION FOR ASSIGNED NAMES

	990 (2002) AND NUMBERS 95-4712	<u>.218</u>	91	Page 5
Pa	Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	X	
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	if "Yes," attach a statement			<b>*</b> *****
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization			
	and check whether it is exempt or nonexempt.			
81 a	Enter direct or indirect political expenditures. See line 81 Instructions 81a 0.			
b		81b	KSC 148-300	X
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than	V14		<del> </del>
	fair rental value?	82a	x	
h	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an	22.32	75.55	8: 8:
-	expense in Part II. (See instructions in Part III.)			
83 a	<u> </u>	1	~~~ <b>V</b>	4000000
-		83a	X	<del></del>
D	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		- <del>v</del>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not		8. <b>88</b>	
	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		├
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax	<b>XX</b>		
	owed for the prior year.		14.12	100 m
C	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures			
8	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			24.2
1	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		2000 WASON	W
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues			
	allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 12 86a N/A			
	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
ь	Gross income from other sources. (Do not net amounts due or paid to other sources			100
-	against amounts due or received from them.) 876 N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	138.0	KED.ET	110 \$1000
••	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?		i '	
	If "Yes," complete Part IX	88		Х
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
<b></b>	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0 •			
h	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	::0::000	# <b>2</b> 3330	**************************************
u	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
		005		v
	If "Yes," attach a statement explaining each transaction	89b		X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			0
	sections 4912, 4955, and 4958			0.
đ				0.
90 a	List the states with which a copy of this return is filed CALIFORNIA			
	Number of employees employed in the pay period that includes March 12, 2002			15
91	The books are in care of ► DIANE SCHROEDER Telephone no. ► 310-82	<u>3-9</u>	<u> 358</u>	
	4000			
	Located at ► 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA ZIP+4 ► 9	029	2-6	601
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		. ▶	
000-	and enter the amount of tax-exempt interest received or accrued during the tax year   92	N/		
22304	I MR	For	n 990	(2002)

Form 990 (2002)

AND NUMBERS

Part VII Analysis of Income-Producing A	Activities	(See page 31 of the instruc	tions.)		
Note: Enter gross amounts unless otherwise		ted business income		ded by section 512, 513, or 514	(E)
indicated.	(A) Business	(B)	(C) Exclu-	(D)	Related or exempt
93 Program service revenue:	Code	Amount	sion	Amount	function income
a DOMAIN NAME FEES					4,475,116.
D ADDRESS REGISTRY FEES					535,000.
accreditation fees					1,026,719.
d APPLICATION FEES					82,485.
8			<u> </u>		
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments		<u> </u>			
95 Interest on savings and temporary cash investments			14	18,428.	
96 Dividends and interest from securities	· · · · · ·		<del> </del>		
97 Net rental income or (loss) from real estate:					
a debt-financed property			******		- WYNOMAN MARK THE RESULTION
b not debt-financed property			<del> </del>		
			1		
98 Net rental income or (loss) from personal property			<del>                                     </del>	<u> </u>	
99 Other investment income	<del></del>	<del> </del>	+		
100 Gain or (loss) from sales of assets					-2,306.
other than inventory		<u> </u>	<del> </del>		2/3001
101 Net income or (loss) from special events			<del> </del>		
102 Gross profit or (loss) from sales of inventory			<del> </del>		
103 Other revenue:					
<u> </u>			<del>                                     </del>		
D			<del> </del>		
		<del> </del>	<del> </del>		
d			<del> </del>		
8 104 Subtotal (add columns (B), (D), and (E))	P1141101100			18,428.	6,117,014.
104 Subtotal (add columns (B), (D), and (E))	(3:00:303:30:30:30:			<del></del>	6,135,442.
105 Total (add line 104, columns (B), (D), and (E))	unt on line 1	12 Dort I			0/100/1121
Part VIII Relationship of Activities to the	Accomp	lishment of Exemp	y Pu	moses (See page 32 of the	instructions.)
Line No. Explain how each activity for which income is represent the exempt purposes (other than by providing funds).			u mpoi	tantily to the accomplishment	of the organization 5
93A FEES CHARGED TO COORDIN			HE	DOMATN NAME R	EGISTRY
93B FEES CHARGED TO COORDIN					
93C ANNUAL FEES CHARGED TO	ENTTT	ES FOR ACCRE	DIT	ATION AS REGI	STRARS
ONE TIME FEES CHARGED T	O ENTI	TIES TO PROC	ESS	APPLICATIONS	
Part IX Information Regarding Taxable	Subsidia	ries and Disregard	ed E	ntities (See page 32 of the	instructions.)
(A) (B)		{G1		ן (ט)	(E)
Name, address, and EIN of corporation, Percentage of partnership, or disregarded entity ownership intere	net	Nature of activities		Total income	End-of-year assets
partnership, or disregarded entity ownership intere	%				40000
N/A	%				
21/22	%				<u> </u>
	%				
Part X Information Regarding Transfer		ated with Persona	Ben	efit Contracts (See page	ge 33 of the instructions.)
(a) Did the organization, during the year, receive any funds,					Yes X No
(b) Did the organization, during the year, receive any lands,					Yes X No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (se				*	
Under panalties of perjury I slackers that I have examined the	is return, includi	ng accompanying schedules an	d statem	ents, and to the best of my knowled	dge and belief, it is true,
Please correct, any complete. Discaplation of pleasure (other than of	micen is based o	05/12/04	er nas ar	Nowledge.	R Chief Financia
Here Signature of officer	1		ype or	print name and title	office
	1		ate /	, Check if	Preparer's SSN or PTIN
Paid Preparer's signature (Korf fung M.)	4/leg	ne_ 1	/17	self- employed ▶	
Preparer's Firm's name for BREMER HOCKE	ENBERG	, CPA'S	<del>/ `</del>	EIN ▶	
		SUITE 600		F10.1	*
223181 address, and LOS ANGELES, C				Phone no It	(310)342-6900
<u>01-22-03</u>   2				F I HOHO HO.	Form 990 (2002)

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

Organization Exempt Under Section 501(c)(3)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

AND NUMBERS

Supplementary Information-(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ INTERNET CORPORATION FOR ASSIGNED NAMES

Employer identification number

AND NUMBERS			95 47122	218
Compensation of the Five Highest Paid Emplo (See page 1 of the instructions. List each one. If there are none, ente	oyees Other Than Off	icers, Directo	rs, and Trus	tees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JAMIE VILLARUZ	NETWORK ADMIN			
4676 ADMIRALTY WAY, MARINA DEL REY C	A50			
JOHN CRAIN	TECHNICAL OPS			
4676 ADMIRALTY WAY, MARINA DEL REY C	A50	0	, :	
MARY HEWITT	COMMUNICATION		. 8	
4676 ADMIRALTY WAY, MARINA DEL REY C	A50	4		8 8
TERESA SWINEHART	ATTORNEY	]		
4676 ADMIRALTY WAY, MARINA DEL REY C	A50			
MICHELLE COTTON	IANA ADMIN			,
4676 ADMIRALTY WAY, MARINA DEL REY C	A50	Sister Commission	mod Con on a 120	
Total number of other employees paid over \$50,000	0			
(See page 2 of the instructions. List each one (whether individuals or	endent Contractors forms). If there are none enter	or Profession	al Services	
(a) Name and address of each independent contractor paid more t		(b) Type of s	service	(c) Compensation
TONES DAY DEAVIS & DOGUE		<del></del>		
JONES, DAY, REAVIS & POGUE				
· · · · · · · · · · · · · · · · · · ·		EGAL SERV	ICES	749,354.
KENT_CRISPIN				
	( U) (C)	OMPUTER ONSULTING	<u> </u>	90,000.
LAURA BREWER		(4)		
	R	EAL-TIME	SCRIBE	60,000.
				2.5
ii e				
6 × ,				
**				
Total number of others receiving over			50171888 W. J. C.	186.96 mm

# " INTERNET CORPORATION FOR ASSIGNED NAMES Schedule A (Form 990 or 990-EZ) 2002 AND NUMBERS

Sche	dule A (F	orm 990 or 990-EZ) 2002 AND NUMBERS 95-47	1221	.8	Page 2
Pa	rt III	Statements About Activities (See page 2 of the instructions.)		Yes	No
2   1   1   1   1   1   1   1   1   1	oublic op obbying or line I o Organizal Yes," mu Ouring th rustees, person is attach a Sale, excl	e year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence inion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the activities   \$	1 2a 2b		X X
				<del></del>	
		g of goods, services, or facilities? of compensation (or payment or reimbursement of expenses if more than \$1,000)?		х	X
e 1	ransfer (	of any part of its income or assets?	28		x
		organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)  we a section 403(b) annuity plan for your employees?			X
		a statement to explain how the organization determines that individuals or organizations receiving grants or loans therance of its charitable programs "qualify" to receive payments.			
Pa	rt (V	Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)			***************************************
5 6 7 8 9 10 11a 11b		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	).		
12	X	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations desc (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)  Provide the following information about the supported organizations. (See page 5 of the instructions.)	ribed in:		
		(a) Name(s) of supported organization(s)		ne num om abo	
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)	- 000		
		Schedule A (For	n 990 oı	990-E	/) <b>2002</b>

INTERNET CORPORATION FOR ASSIGNED NAMES Schedule A (Form 990 or 990-EZ) 2002 AND NUMBERS 95-4712218 Page 3 Part IV. Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year (a) 2001 (b) 2000 (c) 1999 (d) 1998 (e) Total beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 1,230,617. 1,359,178. 136,500. 3,169,096. 442,801 Membership fees received .... 16 17 Gross receipts from admissions. merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 5,000,018. 4,422,761. 2,148,223. 11,571,002. 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the 19,316. 91,470 13,256 273. 124,315. organization after June 30, 1975 Net income from unrelated business activities not included in line 18 Tax revenues levied for the 20 organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income. Attach a schedule. SEE STATEMENT 9 Do not include gain or (loss) from sale of capital assets 4,478. 4,478. 14,868,891 6,249,951. 5,873,409 2,608,758. 23 136,773 Total of lines 15 through 22 1,249,933. 1,450,648. 136,773 460,535. 3,297,889 24 Line 23 minus line 17 ..... 62,500. 58,734. 26,088. 1,368. . . . 25 Enter 1% of line 23 26 N/A Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts N/A 26b N/A c Total support for section 509(a)(1) test: Enter line 24, column (e) 26c Add: Amounts from column (e) for lines: 18 19 N/A 26b 26d N/A e Public support (line 26c minus line 26d total) 26e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) N/A Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of (2001) 514,311. (2000) 1,014,005. (1999) 303,809. (1998) 0. b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (include in the list organizations

				o. ga
	described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between	weer	n the a	mount received and
	the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:			
	(2001) 663,490. (2000) 82,532. (1999) 264,910. (1	998	3)	0.
C	Add: Amounts from column (e) for lines: 15 3, 169, 096. 16			
			27c	14,740,098.
đ	Add: Line 27a total 1,832,125. and line 27b total 1,010,932.		27d	2,843,057.
	1 days support face 2.5 total course and 2.4 total)		27e	11,897,041.
f	Total support for section 509(a)(2) test: Enter amount on line 23, column (e)   271 14,868,891		4.1	
	Public support percentage (line 27e (numerator) divided by line 27f (denominator))			80.0130%
h	Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	.8361%
1	Laurenal Grantos For an organization deposited in line 10, 11, or 12 that received any unusual granto during 1009 through 200	1 0.		a liet for your records

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

<b>#2</b> 8	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	A	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	_ _ _		
32	Does the organization maintain the following:	-   🗱		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?		200000	800000
b	Admissions policies?			
	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
9	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
		-		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		pre5000000	-00/100/30
b	Has the organization's right to such aid ever been revoked or suspended?			
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Schedule A (Form 990 or 990-EZ) 2002

1.00000000	g Expenditures by E pleted ONLY by an eligible orga	anization that filed form 5	768)	ne instructions.		N/A
Check ▶ a if the orga	nization belongs to an affiliate			ked "a" and 'lim	ited contro	l" provisions apply.
	Limits on Lobbying	Expenditures		(a)		(b)
	term "expenditures" means an			Affiliated g totals		To be completed for ALL electing organizations
36 Total lobbying expenditure		4		N/A		
37 Total lobbying expenditure	s to influence public opinion (	grassroots lobbying)				
88 Total lobbying expenditure	s to influence a legislative bod	ly (direct lobbying)				
9 Other exempt purpose evol	s (add lines 36 and 37)					
O Total exempt purpose expe	enditures		39			
a som evenily buildes exbe	inditures (add lines 38 and 39)		40			
If the amount on line 40 is	int. Enter the amount from the					
	***************************************	ng nontaxable amount is	-			
Not over \$500,000	20% of the en	nount on line 40	······ )	355		
Over \$500,000 but not over \$1,0	\$100,000 slus	s 15% of the excess over \$500	.000			
Over \$1,000,000 but not over \$1	,500,000 \$175,000 plus	10% of the excess over \$1 or	0.000	******	2900 D 2 WW	ACCOUNTS TO STATE OF SAME
Over \$1,500,000 but not over \$1	7,000,000 \$225,000 plus	5% of the excess over \$1.500	1000			A CAUSE OF THE STATE OF THE STA
Over \$17,000,000	\$1,000,000		1 1200			
Grassroots nontaxable amo	unt (enter 25% of line 41)		40	****		
Subtract mie 42 MOM ilite 30	b. Enter -U- if line 42 is more ti	han line 36	40			
Subtract line 41 from line 38	8. Enter -0- if line 41 is more th	han line 38	44			
HERE'S SEE THE SEE SEE SEE SEE SEE SEE SEE SEE SEE S		1011 1010 00				
	ount on either line 43 or lin	ne 44, you must file Fon	m 4720.			
	ount on either line 43 or lin  4 (Some organizations that ma	ne 44, you must file Fon 1-Year Averaging Period to de a section 501(h) election tructions for lines 45 throu	m 4720.  Under Section 501(h)  and o not have to complete ugh 50 on page 11 of the in	structions.)		
Caulion: If there is an am	(Some organizations that mabelow. See the inst	ne 44, you must file Fon 1-Year Averaging Period to de a section 501(h) election tructions for lines 45 throu	m 4720.	structions.)		N/A
Caution: If there is an am	(Some organizations that mabelow. See the inst	ne 44, you must file Fon i-Year Averaging Period to de a section 501(h) election tructions for lines 45 through Lobbying Exp	Inder Section 501(h) and o not have to complete igh 50 on page 11 of the in enditures During 4-Year i	Averaging Perio	4	N/A
Caution: If there is an am	(Some organizations that mabelow. See the inst	ne 44, you must file Fon i-Year Averaging Period to de a section 501(h) election tructions for lines 45 throu Lobbying Exp	m 4720.  Under Section 501(h)  and o not have to complete ugh 50 on page 11 of the in	Averaging Perio	4	
Caution: If there is an am lendar year (or cal year beginning in)	(Some organizations that mabelow. See the inst	ne 44, you must file Fon i-Year Averaging Period to de a section 501(h) election tructions for lines 45 through Lobbying Exp	Inder Section 501(h) and o not have to complete igh 50 on page 11 of the in enditures During 4-Year i	Averaging Perio	4	(e)
Caution: If there is an am lendar year (or cal year beginning in) Lobbying nontaxable amount	(Some organizations that mabelow. See the inst	ne 44, you must file Fon i-Year Averaging Period to de a section 501(h) election tructions for lines 45 through Lobbying Exp	Inder Section 501(h) and o not have to complete igh 50 on page 11 of the in enditures During 4-Year i	Averaging Perio	4	(e)
lendar year (or cal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount	(Some organizations that mabelow. See the inst	ne 44, you must file Fon i-Year Averaging Period to de a section 501(h) election tructions for lines 45 through Lobbying Exp	Inder Section 501(h) and o not have to complete igh 50 on page 11 of the in enditures During 4-Year i	Averaging Perio	4	(e) Total
lendar year (or cal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount  (150% of line 45(e))	(Some organizations that mabelow. See the inst	ne 44, you must file Fon i-Year Averaging Period to de a section 501(h) election tructions for lines 45 through Lobbying Exp	Inder Section 501(h) and o not have to complete igh 50 on page 11 of the in enditures During 4-Year i	Averaging Perio	4	(e) Total
lendar year (or cal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))	(Some organizations that mabelow. See the inst	ne 44, you must file Fon i-Year Averaging Period to de a section 501(h) election tructions for lines 45 through Lobbying Exp	Inder Section 501(h) and o not have to complete igh 50 on page 11 of the in enditures During 4-Year i	Averaging Perio	4	(e) Total
lendar year (or leaf year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount  (150% of line 45(e))  Total lobbying expenditures	(Some organizations that mabelow. See the inst	ne 44, you must file Fon i-Year Averaging Period to de a section 501(h) election tructions for lines 45 through Lobbying Exp	Inder Section 501(h) and o not have to complete igh 50 on page 11 of the in enditures During 4-Year i	Averaging Perio	4	(e) Total O.
lendar year (or cal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount  (150% of line 45(e))  Total lobbying expenditures  Grassroots nontaxable	(Some organizations that mabelow. See the inst	ne 44, you must file Fon i-Year Averaging Period to de a section 501(h) election tructions for lines 45 through Lobbying Exp	Inder Section 501(h) and o not have to complete igh 50 on page 11 of the in enditures During 4-Year i	Averaging Perio	4	(e) Total
lendar year (or cal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount  (150% of line 45(e))  Total lobbying expenditures  Grassroots nontaxable amount	(Some organizations that mabelow. See the inst	ne 44, you must file Fon i-Year Averaging Period to de a section 501(h) election tructions for lines 45 through Lobbying Exp	Inder Section 501(h) and o not have to complete ligh 50 on page 11 of the in enditures During 4-Year i  (c) 2000	Averaging Perio	4	(e) Total 0.
caution: If there is an am  lendar year (or leal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount	(Some organizations that mabelow. See the inst	ne 44, you must file Fon i-Year Averaging Period to de a section 501(h) election tructions for lines 45 through Lobbying Exp	Inder Section 501(h) and o not have to complete igh 50 on page 11 of the in enditures During 4-Year i	Averaging Perio	4	(e) Total O.
lendar year (or cal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))	(Some organizations that mabelow. See the inst	ne 44, you must file Fon i-Year Averaging Period to de a section 501(h) election tructions for lines 45 through Lobbying Exp	Inder Section 501(h) and o not have to complete ligh 50 on page 11 of the in enditures During 4-Year i  (c) 2000	Averaging Perio	4	(e) Total  0.  0.  0.
Caution: If there is an am  lendar year (or cal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 48(e))  Grassroots lobbying	(Some organizations that mabelow. See the inst	ne 44, you must file Fon i-Year Averaging Period to de a section 501(h) election tructions for lines 45 through Lobbying Exp	Inder Section 501(h) and o not have to complete ligh 50 on page 11 of the in enditures During 4-Year i  (c) 2000	Averaging Perio	4	(e) Total 0.
lendar year (or cal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 48(e)) Grassroots lobbying expenditures	(Some organizations that man below. See the inst	tructions for lines 45 through the section 501(h) election tructions for lines 45 through the section 501(h) election tructions for lines 45 through the section 501(h) 2001	Inder Section 501(h) In do not have to complete Igh 50 on page 11 of the in anditures During 4-Year if (c) 2000	Averaging Perio	4	(e) Total  0.  0.  0.
lendar year (or cal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 48(e)) Grassroots lobbying expenditures Lobbying expenditures Lobbying A	(Some organizations that mabelow. See the instance)  (a) 2002	tructions for lines 45 through the section 501(h) electric tructions for lines 45 through the section 501(h) electric tructions for lines 45 through the section 501(h) 2001	Inder Section 501(h) and o not have to complete ligh 50 on page 11 of the in enditures During 4-Year i  (c) 2000	Averaging Perio (d) 199	4	(e) Total  0.  0.  0.  0.
lendar year (or cal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures But VI-B Lobbying A	(Some organizations that mabelow. See the instance)  (a) 2002	ne 44, you must file Fondalist Averaging Period to de a section 501(h) electric tructions for lines 45 through the file of the control of the control of the control of the control of the complete Part VI-A) (Section of the complete Part VI-A) (Se	in 4720.  Under Section 501(h)  In do not have to complete Igh 50 on page 11 of the in  enditures During 4-Year in  (c) 2000	Averaging Perio (d) 199	4	(e) Total  0.  0.  0.

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)  During the year, did the organization attempt to influence national, state or local legislation, including any attempt to			N/A
offluence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers	-		
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	-		
c Media advertisements	-		
d Mailings to members, legislators, or the public			
Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes	F		
5 - The Contract man registrates, until Statis, GOVERNMENT Officials or a londeration hade.	$\vdash$		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	$\vdash$		
. Ara repolate extending (wad miss c fallandil to )	لميط		
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.		3/1	0.

# INTERNET CORPORATION FOR ASSIGNED NAMES

Schedule A (Form 990 or 990-EZ) 2002 AND NUMBERS Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable 95-4712218 Page 6 Exempt Organizations (See page 12 of the instructions.) Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of: Yes No (i) Cash 51a(i) X (ii) Other assets ..... b Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization (II) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets b(ii) b(iii) (iv) Reimbursement arrangements (v) Loans or loan guarantees ..... b(iv) (vi) Performance of services or membership or fundraising solicitations b(v) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A (a) (b) Amount involved Line no Name of noncharitable exempt organization Description of transfers, transactions, and sharing arrangements 52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? X No b If "Yes," complete the following schedule: N/A (a) Name of organization (b)
Type of organization Description of relationship

223151 01-22-03

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

Department of the Treasury internal Revenue Service

# **Schedule of Contributors**

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

OMB No. 1545-0047

Name of organization	There con the contract of the	Employer identification number
	INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	
Organization type (chec	ck one):	95-4712218
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
heck if your organization for both the General Rule	n is covered by the <b>General Rule</b> or a <b>Special Rule. (Note:</b> Only a section 501(c)(7), (8, and a Special Rule-see instructions.)	), or (10) organization can check box(es,
General Rule-		
X For organization contributor. (Cor	s filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in r nplete Parts I and II.)	money or property) from any one
pecial Rules-		
000110113 003(a)(1	1(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test 1/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution line 1 of these forms. (Complete Parts I and II.)	of the regulations under of the greater of \$5,000 or 2%
-99. 494.0 0011111	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any obutions or bequests of more than \$1,000 for use exclusively for religious, charitable, so prevention of cruelty to children or animals. (Complete Parts I, II, and III.)	one contributor, during the year, cientific, literary, or educational
\$1,000. (If this bo	(c)(7), (8), or (10) organization filing Form 990, or Form 990·EZ, that received from any one for use exclusively for religious, charitable, etc., purposes, but these contributions do a second contribution of the the contributions that were received during the year for a surpose. Do not complete any of the Parts unless the <b>General Rule</b> applies to this organizations, charitable, etc., contributions of \$5,000 or more during the year.)	lid not aggregate to more than an exclusively religious,
,	at are not covered by the General Rule and/or the Special Rules do not file Schedule B n the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to cer B (Form 990, 990-EZ, or 990-PF).	(Form 990, 990-EZ, or 990-PF), but tify that they do not meet the filing
A For Paperwork Red for Form 990 and Fo	uction Act Notice, see the Instructions Schedule	B (Form 990, 990-EZ, or 990-PF) (2002)

	RNET CORPORATION FOR ASSIGNED NAMES NUMBERS	5	Employer identification number
Part	Contributors (See Specific Instructions.)		95-4712218
(a)	(b)		
No.	Name, address, and ZIP + 4	Acqueste es at il	(d)
1	.AU DOMAIN ADMINISTRATION	Aggregate contrib	utions Type of contribution
	- SUMMINISTRATION	N.	Person X
	2)		Payroll
		\$36,2	Noncash
			(Complete Part II if th
(a)	41		is a noncash contribu
No.	(b) Name, address, and ZIP + 4	(c)	(d)
2		Aggregate contribu	tions Type of contribution
	COMITE GESTOR INTERNET-BRASIL		11
			Person X
		\$41,3	41. Noncash
			(Complete Part II if the
(a)			is a noncash contribut
No.	(b) Name, address, and ZIP + 4	(c)	(d)
٦		Aggregate contribut	ions Type of contribution
_3	DENIC		
[			Person X Payroll
		\$85,00	00. Noncash
- 1			(Complete Part II if ther
a)			is a noncash contribution
lo.	(b)	(c)	
	Name, address, and ZIP + 4	Aggregate contributi	ons Type of contribution
4	DNS BE VZW/ASBL		
			Person X
10.		\$30,00	0 Noncash
			(Complete Part II if there
			is a noncash contributio
) o.	(b)	(c)	
-	Name, address, and ZIP + 4	Aggregate contributio	ns Type of contribution
5 .	IAT-CNR	Mr.	- 27- of contribution
			Person X
-	-	\$85,00	Payroll O. Noncash
		55,000	(Complete Part II if there
			is a noncash contribution
	(b)		
	Name, address, and ZIP + 4	(c) Aggregate contribution	(d)
<u>6</u>   <u>ت</u>	JAPAN REGISTRY SÉRVICE	22.01.01	Type of contribution
			Person X
-		\$ 67,252	Payroll
	*	\$67,252	<del></del>
01-23-03		1	(Complete Part II if there is a noncash contribution.

	NET CORPORATION FOR ASSIGNED NAMES UMBERS		95 4712210
Part I	Contributors (See Specific Instructions.)		95-4712218
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	(d)
7	NIC FRANCE	95 - 9	ons Type of contribu
_		\$\$	Person X Payroll Noncash (Complete Part II if is a noncash contri
(a)	(b)		The mentions of the
	Name, address, and ZIP + 4 STICHTING INTERNET DOMEINREGISTRATIE NEDERLAND	(c) Aggregate contribution	(d) ons Type of contribut
(a)	NEDERLAND  (b)	\$\$85,00	Person X Payroll  Noncash (Complete Part II if the is a noncash contribution)
No.	Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ns Type of contributi
(a) No.	(b) Name, address, and ZIP + 4	\$ 30,000	(Complete Part II if the is a noncash contribution
a)	(b)	\$	Person Payroll Noncash (Complete Part II if the is a noncash contribution
0,	Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
)		\$	Person Payroll Noncash (Complete Part II if the is a noncash contribution
). 	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if ther

FOOTNOTES

STATEMENT

FORM 990 PART III
STATEMENT OF ORGANIZATIONS PRIMARY EXEMPT PURPOSE:
TO PRIVATIZE THE MANAGEMENT OF THE DOMAIN NAME SYSTEM
AND OTHER INTERNET COORDINATION IN A MANNER WHICH
INCREASES COMPETITION AND FACILITATES INTERNATIONAL
PARTICIPATION.

FORM 990	GAI	N (LOSS	S) FRO	OM SALE	OF	THER	ASSETS		ST	ATEMENT	
DESCRIPTION						TE VIRED	DA SO		MET ACQU		-
LCD PROJECTOR					12/0	1/99	04/3	0/03		HASED	
NAME OF BUYER		GRO SALES		COS	T OR BASI		PENSE SALE	DE	PREC	NET GA	
			0.		4,905	•	0.	-	3,775.	-1,1	
DESCRIPTION					DA <sup>1</sup> ACQU		DAT SOI		METH ACQUI		
SONY LAPTOP COMPUTE	R				03/3	1/00	01/31	/03	PURCH	ASED	
NAME OF BUYER		GROS SALES I		COST OTHER	OR BASIS		PENSE SALE	DEP	REC	NET GA	
			0.	3	,006.		0.	2	,313.	-69	
DESCRIPTION					DAT ACQUI		DAT SOL		METH ACQUI		
DELL COMPUTER WORKS	TATI	ИС			06/30	/00	01/31	/03	PURCH	ASED	
AME OF BUYER	8	GROS SALES P		COST OTHER	OR BASIS	EXP OF	ENSE SALE	DEP	REC	NET GAI OR (LOS	
_	_		0.	2	,098.		0.	1,	,615.	-48	3.
O FM 990, PART I, L	8 N <sub>i</sub>			10	,009.		0.	7,	703.	-2,30	<u> </u>
ORM 990 OTHE	R CH	ANGES	IN NE	T ASSET	rs or	FUND	BALANC	ES	STAT	'EMENT	3
ESCRIPTION									A	MOUNT	
OMAIN NAME SUPPORTI T-LARGE CONTRIBUTION	Ar .									-236,613 -6,194	 3.
OOK DEPRECIATION IN	EXC	ESS OF	TAX I	DEPRECI	ATION	Ī				-38,002	)

	OTHE	R EXPENSES		STATEMENT	
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D)	
ADMINISTRATION INSURANCE MISCELLANEOUS COMPUTER CONSULTANTS OTHER CONSULTANTS BAD DEBT EXPENSE TOTAL TO FM 990, LN 43	8,782. 163,818. 104,857. 396,305. 774,626. 179,313.	9,239. 95,394. 340,984. 603,162.	8,782. 154,579. 9,463. 55,321. 171,464. 179,313.	FUNDRAISI	NG
FORM 990 OTHER DESCRIPTION	EXPENSES NOT	INCLUDED ON F	ORM 990	STATEMENT	5
	7.00 00			AMOUNT	
BOOK DEPRECIATION IN EXC LOSS ON DISPOSAL OF ASSE	TS	TAX DEPRECIA	rion	38,00 2,30	
BOOK DEPRECIATION IN EXC	TS	TAX DEPRECIA	rion -	38,00	6.
BOOK DEPRECIATION IN EXC LOSS ON DISPOSAL OF ASSE	TS		=	38,00 2,30	6.
BOOK DEPRECIATION IN EXC LOSS ON DISPOSAL OF ASSE	IV-B		=	38,00 2,30 40,30 STATEMENT	8.
BOOK DEPRECIATION IN EXCLOSS ON DISPOSAL OF ASSE	TS IV-B R REVENUE INCL		=	38,00 2,30 40,30	6

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, STATEMENT 7
TRUSTEES AND KEY EMPLOYEES

			W1		
NAME AND ADDRESS	i in	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
AMADEAU ABRIL I ABS 4676 ADMIRALTY WAY MARINA DEL REY, CA		BOARD MEMBER AS NEEDED	0.	0.	20,987.
VINTON CERF 4676 ADMIRALTY WAY MARINA DEL REY, CA	90292	BOARD MEMBER AS NEEDED	0.	0.	19,996.
JONATHAN COHEN 4676 ADMIRALTY WAY MARINA DEL REY, CA		BOARD MEMBER AS NEEDED	0.	0.	23,672.
FRANK FITZSIMMONS 4676 ADMIRALTY WAY MARINA DEL REY, CA	90292	BOARD MEMBER AS NEEDED	0.	0.	20,764.
HANS KRAAIJENBRINK 4676 ADMIRALTY WAY MARINA DEL REY, CA		BOARD MEMBER AS NEEDED	0.	0.	20,384.
JUN MURAI 4676 ADMIRALTY WAY MARINA DEL REY, CA		BOARD MEMBER AS NEEDED	0.	0.	960.
ALEJANDRO PISANTY 4676 ADMIRALTY WAY MARINA DEL REY, CA		BOARD MEMBER AS NEEDED	· 0.	0.	22,252.
LINDA WILSON 4676 ADMIRALTY WAY MARINA DEL REY, CA		BOARD MEMBER AS NEEDED	0.	0.	25,973.
STUART LYNN 4676 ADMIRALTY WAY MARINA DEL REY, CA		PRESIDENT/CEO 60	257,139.	15,053.	115,547.
KARL AUERBACH 4676 ADMIRALTY WAY MARINA DEL REY, CA		BOARD MEMBER AS NEEDED	0.	0.	7,430.
IVAN MOURA CAMPOS 4676 ADMIRALTY WAY MARINA DEL REY, CA		BOARD MEMBER AS NEEDED	0.	0.	1,795.

INTERNET CORPORATION FOR AS	SSIGNED NAMES		9	5-4712218
MASANOBU KATCH 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED		0.	3,101.
ANDY MUELLER-MAGUHN 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	21,127.
HELMUT SCHINK 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	12,555.
S.H. KYONG 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	13,702.
N.H. QUAYNOR 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED		0.	27,306.
ANDREW MCLAUGHLIN 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	VICE PRESIDENT/ 60	CFO 67,500.	10,125.	25,136.
LYMAN CHAPIN 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	30,051.
DIANE SCHROEDER 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	CHIEF FINANCIAL	OFFICER 85,000.	12,750.	29,115.
LOUIS TOUTON 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	VP/SECRETARY 75	0.	0.	46,477.
PAUL TWOMEY 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	PRESIDENT/CEO 60	169,881.(A	) 0.	69,159.
DR. HAGEN E. HULTZSCH 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	0.
FRANCISCO DA SILVA 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	1,238.
HUALIN QIAN 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	0.

<sup>(</sup>A) Please note that the compensation amount for ICANN's CEO includes benefit coverage (Health Insurance/retirement benefits, etc.) which amounts to approximately 32% of total compensation as well as adjustments for currency fluctuations caused by exchange rate differences from the US dollar and Australian dollar. US based officers also receive compensation for benefits but they are not included in their compensation as they are paid directly by the Corporation.

INTERNET CORPORATION FOR ASSIGNE	ED NAMES		9	5-4712218
MICHAEL D. PALAGE 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	0.
MOUHAMET DIOP 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	15,119.
NJERI RIONGE 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	0.
THOMAS NILES 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	0.
TRICIA DRAKES 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	0.
VENI MARKOVSKI 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	0.
ROB BLOKZIJL 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	28,175.
DANIEL HALLORAN 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	CHIEF REGISTRAR 50		10,775.	10,738.
TOTALS INCLUDED ON FORM 990, PART	v =	651,353.	48,703.	•
SUBSTANTIAL CONTR CREATORS,	GARDING ACTIVITI IBUTORS, TRUSTEE KEY EMPLOYEES, T III, LINE 2	S, DIRECTOR	STATI	ement 8

STUART LYNN, PRESIDENT AND CEO, WAS PAID \$257,139 IN COMPENSATION AND WAS REIMBURSED \$115,547 FOR EXPENSES.

ANDREW MCLAUGHLIN, VICE PRESIDENT, WAS PAID \$67,500 IN COMPENSATION AND WAS REIMBURSED \$25,136 FOR EXPENSES.

DIANE SCHROEDER, CHIEF FINANCIAL OFFICER, WAS PAID \$85,000 IN COMPENSATION AND WAS REIMBURSED \$29,115 FOR EXPENSES.

LOUIS TOUTON, VICE PRESIDENT AND SECRETARY, WAS REIMBURSED \$46,477 FOR EXPENSES.

PAUL TWOMEY, PRESIDENT AND CEO, WAS PAID THROUGH ARGO PACIFIC PTY LTD \$169,881 IN COMPENSATION AND WAS REIMBURSED \$69,159 FOR EXPENSES. BOARD MEMBERS WERE REIMBURSED FOR EXPENSES AS SHOWN ON STATEMENT 7.

SCHEDULE A	OTHER INC	OME		STATEMENT	9
DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	
MISCELLANEOUS	0.	.0.	4,478	•	0.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	4,478	•	0.

Department of the Treasury Internal Revenue Service

# **Depreciation and Amortization** (Including Information on Listed Property)

See separate instructions. Attach to your tax return.

OMB No. 1545-0172 990

Name	(s) shown on return			Busin	ness or ac	ctivity to wr	nich this form relat	es	Identifying number
IN	TERNET CORPORATION	FOR ASSIG	NED NA	MES					
AN	D NUMBERS			FOI	RM 9	90 P	AGE 2		95-4712218
Pa	rt 🕴 Election To Expense Certain Tang	ible Property Under S	action 179 N	ote: If you hav	e any lis	ted prope	rty, complete P	art V before	e you complete Part I.
	Maximum amount. See Instructions f								24,000.
	Total cost of section 179 property pla								
	Threshold cost of section 179 proper								\$200,000
4	Reduction in limitation. Subtract line	3 from line 2. If zero	or less, ente	er -O		· • · · · · · • • • • • • • • • • • • •	••••	4	
5	Dollar fimitation for tax year, Subtract line 4 from	line 1. If zero or less, enter	-0-, if married fil	ng separately, si	e instruc	tions		5	
6	(a) Description of	property		(b) Cost (busi	ness use	only)	(c) Electe	d cost	
							·		
	***			<del></del>					
	isted property. Enter amount from li					7			
8 .	Total elected cost of section 179 pro	perty. Add amounts	in column (c	;), lines 6 and	d7	· · · · · · · · · · · · · · · · · · ·		8	
<b>9</b> .	Tentative deduction. Enter the small	er of line 5 or line 8				· · · · · · · · · · · · · · · · · · ·		<u>9</u>	
10	Carryover of disallowed deduction fro	om line 13 of your 20	001 Form 45	62		· · · · · · · · · · · · · · · · · · ·	•••••	10	
	Business income limitation. Enter the								
12 3	Section 179 expense deduction. Add	l lines 9 and 10, but	do not enter	more than i	ine 11			12	
	Carryover of disallowed deduction to					13			
	: Do not use Part II or Part III below:								<del></del>
	THE Special Depreciation Allowa								
	special depreciation allowance for qualified prope								
	Property subject to section 168(f)(1)								ļ
	Other depreciation (including ACRS)							16	<u>L</u>
Pa	MACRS Depreciation (Do no	ot include listed pro							
				ction A					60 261
	MACRS deductions for assets placed						••••	17	68,261.
	f you are electing under section 168(	,	•		-			- M	
	rear into one or more general asset a	ts Placed in Servic							
		(b) Month and	(c) Basis for	depreciation					em
	(a) Classification of property	year placed in service	(business/in	vestment use instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						<u> </u>		
<u>b</u>	5-year property	_	·····						
C	7-year property						1		
<u>d</u>	10-year property						ļ <u></u>		
	15-year property		···		<u> </u>				
_ <u>f</u> _	20-year property	-			ļ				
9_	25-year property	2.23.22.22.22.2			2	5 yrs.		S/L	
h	Residential rental property	/			27	.5 yrs.	MM	\$/L	
	, isological formal property				27	.5 yrs.	MM	S/L	
i	Nonresidential real property	/			39	9 yrs.	MM	S/L	
	,				<u></u>		MM	S/L	
	Section C - Assets	Placed in Service	During 2002	Tax Year U	sing th	e Altern	ative Deprec	iation Sy	stem
20a	Class life				<b></b>			S/L	
<u>b</u>	12-year	999 (498)			1	2 yrs.		S/L	
C Decide	40-year				1 40	0 yrs.	MM	S/L	
	Summary (See instructions.)			<del>_</del>				<del></del>	
21	isted property. Enter amount from lin	ne 28						21	1
	Parada Andrea and Company and American Maria and American		40 - 100			· · · · · · · · · · · · · · · · · · ·		Mati	
22 1	otal. Add amounts from line 12, line								60 261
22 T	otal. Add amounts from line 12, line inter here and on the appropriate line for assets shown above and placed it	es of your return. Pa	artnerships a	nd S corpora					68,261.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? No Yes No 24b if "Yes," is the evidence written? Yes (c) (i) (b) (e) (d) Date Elected Business/ Basis for depreciation Type of property (list vehicles first ) Depreciation Recovery Method/ Cost or placed in investment section 179 Convention deduction period other basis use only) use percentage service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use: S/L· % S/L -96 % S/L· 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (d) (e) (f) (b) (c) (a) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the year (do not include commuting miles) ..... 31 Total commuting miles driven during the year ... 32 Total other personal (noncommuting) miles driven..... 33 Total miles driven during the year. Add lines 30 through 32 ..... Yes Yes No Yes Yes No Yes No Yes No No No 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? ..... 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your No Yes 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners ..... 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (e) **(f)** (b) (c) (d) (a) Description of costs Data amortization begins period or percentage 42 Amortization of costs that begins during your 2002 tax year: 43 Amortization of costs that began before your 2002 tax year 43 44 Total. Add amounts in column (f). See instructions for where to report

YEAR	California	Exem	ot Ora	anization	)					FORM
2002										199
		MONTH	DAY	YEAR			MONTH		DAY	YEAR
For calendar	or fiscal year beginning JUI	·Υ	1	2002		and end	ing JUNE		30	2003.
A-100 100	IMPORTANT: Your	umber is re	quired		A Final retu		Yes. Check applica			No
California corpo	oration number	Federal empl	oyer identification	n number	] • □	Dissolved	Withdrawn	Merg (attax	ed/Reorganize ch explanation)	1
212168	33	95-47	12218		If a box is	s checked, ente	er date •			
	Attach Preaddres	sed lahel			1_		F			
	or See Instru					rms filed this ye			10010 ] 1041 [] 11	20H 1120
Corporation/Orga	nization name ET CORPORATION	EOD AC	CTCNED	NAMEC	19		DEZ 990T 9 t under R&TC Sectio	_	_	
AND NUM		FOR AS	SIGNED	NAMES	1		ation, or is controlle			
Address	IDEKS		APT no.	PMB no.			ral Instruction F.	-	-	1
					ì		e General Instruction			es X No
4676 AI	MIRALTY WAY		330	ļ			ACCRUA	*****		
City	/11101111111111111111111111111111111111	State	10.00	ZIP Code	7		X Exempt unde		23701 d	(inscrt letter)
MARINA	DEL REY, CA 9	0292-6	601				IRC Section 4			
	mplete Part I unless not requir	ed to file this	form. See Ge	neral instructions	B and C.					
	1 Gross sales or receipts 1	rom other sou	rces. From Si	de 2, Part II, line (	3		•	1	6,13	37,748.
Receipts	2 Gross dues and assessr							2		10.000
and	3 Gross contributions, giff						•	3	9	10,270.
Revenues	4 Total gross receipts for						_		7 0	48,018.
	This line must be comp					uction C	<u>•</u>	4	7,0	40,010.
(Attach check or money	5 Cost of goods sold						2,306.			
order here.)	6 Cost or other basis, and					L		7	<u> </u>	2,306.
	7 Total costs. Add line 5 a 8 Total gross income. Sub							8	7.0	45,712.
	9 Total expenses and dish				-			9		76,228.
Expenses	10 Excess of receipts over							10		69,484.
	11 Filing fee \$10 or \$25. Se							1		10.
Filing	12 Penalty for failure to file									
Fee	13 Balance due. Add line 1									10.
	. L	···								
14 If exemp	t under R&TC Section 23701d, h	as the organiz	zation during t	he year: (1) partic	ipated in any	y political can	npaign or (2) atte	mpted		
to influer	ice legislation or any ballot meas	sure, or (3) ma	ide an election	under R&TC Sec	tion 23704.5	5 (relating to	lobbying by publi	С	_	Yes X No
	? If "Yes," complete and attach f							······		Yes X No
	rganization have any changes in reported to the Franchise Tax B								ſΧ	Yes No
	reported to the Franchise Tax B ganization exempt under R&TC S									Yes X No
	enter amount of gross receipts fi									
	rganization file Form 100, Form				come?	<del>-</del>				Yes X No
	inter amount of total income rep									
18 The finar	icial records are in care of $\overline{\mathtt{DII}}$	ANE SCH	IROEDEF	}		[	Daytime telephon	<u>310</u>	) <u>–823–</u>	9358
							- 00000		•	
located a	t 4676 ADMIRAL	ry WAY,	, #330 <b>,</b>	MARINA	DEL F	REY, CA	A 90292-	660.	<u> </u>	
	Under penalties of perjury, I declare to		and the natural fa	-1		and statements	and to the heat of	mi knowle	dae and helief	
	it is true, correct, and complete. Deci	ration of prepare	er (other than tax	payer) is based on a	information o	f which prepare	r has any knowledge	<u> </u>	-	
Please	Alami Val	Plu pol	m	12/04	ር ሌ	1 7 m	aunial 17	فالملك	~567	·425-28
Sign	Signature of officer			Date	Title	7) (~		HP"	Daytime tele	phone
Here			$-\Lambda$ .		Date /	/	hank if	Prepi	arer's SSN or P	TIN
	Preparer's signature	wy h.	$\mathcal{V}_{\mathcal{N}_{\mathcal{E}}}$	me-	5/1		heck if elf-employed	• P	001166	76
Paid	Firm's name	7								
Preparer's		(нфскег	NBERG,	CPA'S			e FEIN S	5-4	544671	
Use Only	employed)			· —			Daytime			
	and address			_			@ telephor	10 (	310)34	2-6900
228941/12-23-0	2									

Par	t II Orga Part	enizations with gross receipts of m II or furnish aubstitute information	ore than \$25,000 and private in See Specific Line instruction	bundations regardless of amo	unt of gross receipts	- compl	ete
-			all business activities. See Insti			1	
	9					2	18,428.
						3	
Recei	pts	4 Gross rents				4	
from (	Sther	5 Gross royalties				5	0.
Sourc	es	6 Gross amount received from	sale of assets	SEE STA	TEMENT 4	5	
		7 Other income.	TEMENT 5	7	6,119,320.		
		8 Total gross sales or receipts	from other sources. Add line 1	through line 7.	8	(M)	6,137,748.
		Enter here and on Side 1, Pa	urt I, line 1		.,	8	0,137,740.
			and similar amounts paid			g	
		10 Disbursements to or for mer	mbers	ODD CON	DEMENTO 6	10	651,353.
		11 Compensation of officers, di	irectors, and trustees.	SEE STA	LEWENT 0	11	737,789.
Exper	1262	12 Other salaries and wages			***********	12	4,406.
and		13 Interest				13	86,547.
Disbu	ırse-	14 Taxes	•	·····		15	393,535.
ments	\$	15 Rents		·····		-	68,261.
		16 Depreciation and depletion		OPP ORM	DOMENIO 7	18	4,134,337.
		17 Other.		SEE STA	LEMENT /	17	6,076,228.
		18 Total expenses and disburs	ements. Add line 9 through line	17. Enter nere and on Side 1,	Part I, line 9	18	able year
Sc	hedule	L Balance Sheets	<del>-,</del>	taxable year		E OI IEX	(d)
Asset	ts		(a)	(b) 1,819,098.	(c)		1,356,417.
							3,361,251.
2 1	Net accoun	nts receivable		2,153,651.		******	3,301,231.
3 1	Vet notes	receivable					
		S				40000	
5 F	ederal an	d state government obligations	Contract of the Contract of th			4.6	
6 1	nvestmen	its in other bonds.				1300	· · · · · · · · · · · · · · · · · · ·
7 1	nvestmen	its in stock.					
8 1	Mortgage	loans (number of loans)					
9 (	Other inve	stments.			478,9	142	
10	a Depreci	lable assets	488,953.			143.	112,703.
	b Less ac	cumulated depreciation	( 267,681.	221,272.	( 300,29	20.	112/103.
11	Land			400			80,998.
12	Other assi	ets. STMT 8		489.			4,911,369.
13	Total asse	ets		4,194,510.			4,911,303.
Liab	littles and	i nat worth	. eggintee a ta <b>a mada</b> haa sa sa sa sa	626 163	<b>copposes</b> a colored provide distribution	A Spirit	572,330.
14	Accounts	payable		626,163.			3/2/330.
15	Contributi	ions, gifts, or grants payable				* **	
16	Bonds an	d notes payable.					
17	Mortgage	s payable		521,160.		*****	603,177.
18	Other tiab	ilities STMT 9		521,100.	1	400	003,117.
19	Capital st	ock or principle fund		Ž			
20	Pald-in or o	capital surplus. Attach reconciliation		2 042 107			3,735,862.
21	Retained	earnings or income fund		3,047,187. 4,194,510.	200		4,911,369
22	Total liabi	ilities and net worth			F-99-99	00001000	4,311,303
S	chedu	le M-1 Reconciliation of incor Do not complete this so	me per books with income per chedule if the amount on Sched	return iule L, line 13, column (d), is le	ss than \$25,000		V
1	Net incom	ne per books	060 4				
		ncome tax		7 Income recorded of	n books this year		
- 277	A STATE OF THE STA	f capital losses over capital gains	(2)	not included in this	return		
577		not recorded on books this	77777				
•				8 Deductions In this	return not charged		Carry A. S. College
	Evnented	s recorded on books this year not	100	against book incor	ne this year		62 W
9		in this return.		9 Total. Add line 7 a	장마이지를 가게 되었다면 아이에 나를 하는 것이 없어 되었다.		
e	Total.	/ HI DIG 19191111	-ANGCAPC C. C.	10 Net income per rel	um.		7.64 2.74 (\$40) 7.44 p.
u		1 through line 5	969,4		m line 6		969,484

FORM 199 CASH	CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	ST	ATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
.AU DOMAIN ADMINISTRATION		•	36,229.
COMITE GESTOR INTERNET-BRASIL			41,341.
DENIC			85,000.
DNS BE VZW/ASBL			30,000.
IAT-CNR			85,000.
JAPAN REGISTRY SERVICE			
NIC FRANCE			67,252.
			48,100.
STICHTING INTERNET DOMEINREGISTRATIE NEDERLAND			85,000.
SWITCH TELEINFORMATICS SERVICES			30,000.
TOTAL INCLUDED ON LINE 3		<u>-</u>	507,922.

FORM 199

EXPLANATION FOR PART I, LINE 15

STATEMENT

SEE ATTACHED AMENDED BYLAWS.

FOOTNOTES

STATEMENT

3

FORM 990 PART III STATEMENT OF ORGANIZATIONS PRIMARY EXEMPT PURPOSE: TO PRIVATIZE THE MANAGEMENT OF THE DOMAIN NAME SYSTEM AND OTHER INTERNET COORDINATION IN A MANNER WHICH INCREASES COMPETITION AND FACILITATES INTERNATIONAL PARTICIPATION.

FORM 199 GROSS AMOUN	NT FROM SALE O	F ASS	SETS		s	TATEMENT	. 4
DESCRIPTION	DA ACQU		DA! SOI			THOD UIRED	
LCD PROJECTOR	12/0	1/99	04/30	0/03	PUR	CHASED	
	COST OR OTHER BASIS	DEI	PREC.		PENSE SALE	GROS SALES P	
	4,905.		3,775.		0.		0.
DESCRIPTION	DA' ACQU		DATE SOLD			THOD UIRED	
SONY LAPTOP COMPUTER	03/3	1/00	01/31	/03	PUR	CHASED	
	COST OR OTHER BASIS	DEP	REC.		ENSE SALE	GROS SALES P	
	3,006.		2,313.	***********	0.		0.
DESCRIPTION	DA' ACQUI		DAT SOI			THOD UIRED	
DELL COMPUTER WORKSTATION	06/30	0/00	01/31	/03	PUR	CHASED	
	COST OR OTHER BASIS	DEP	REC.		ENSE SALE	GROS SALES P	
	2,098.		1,615.		0.	<del>- Timen</del>	0.
TOTAL TO FORM 199, PAGE 2, LN 6	10,009.		7,703.		0.		0.
FORM 199	OTHER INCOME				Si	TATEMENT	5
DESCRIPTION						AMOUNT	
DOMAIN NAME FEES ADDRESS REGISTRY FEES ACCREDITATION FEES APPLICATION FEES						4,475, 535, 1,026, 82,4	000.
TOTAL TO FORM 199, PART II, LINE	_					6,119,	

FORM 199 COMPENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 6
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
AMADEAU ABRIL I ABIRL 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
VINTON CERF 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
JONATHAN COHEN 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
FRANK FITZSIMMONS 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
HANS KRAAIJENBRINK 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
JUN MURAI 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
ALEJANDRO PISANTY 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
LINDA WILSON 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
STUART LYNN 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	PRESIDENT/CEO 60	257,139.
KARL AUERBACH 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
IVAN MOURA CAMPOS 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.

INTERNET CORPORATION FOR ASSIG	GNED NAMES	95-4712218
MASANOBU KATCH 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
ANDY MUELLER-MAGUHN 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
HELMUT SCHINK 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
S.H. KYONG 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
N.H. QUAYNOR 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
ANDREW MCLAUGHLIN 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	VICE PRESIDENT/CFO 60	67,500.
LYMAN CHAPIN 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
DIANE SCHROEDER 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	CHIEF FINANCIAL OFFICER 60	85,000.
LOUIS TOUTON 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	VP/SECRETARY 75	0.
PAUL TWOMEY 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	PRESIDENT/CEO 60	169,881.
DR. HAGEN E. HULTZSCH 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
FRANCISCO DA SILVA 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
HUALIN QIAN 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.

<sup>(</sup>A) Please note that the compensation amount for ICANN's CEO includes benefit coverage (Health Insurance/retirement benefits, etc.) which amounts to approximately 32% of total compensation as well as adjustments for currency fluctuations caused by exchange rate differences from the US dollar and Australian dollar. US based officers also receive compensation for benefits but they are not included in their compensation as they are paid directly by the Corporation.

INTERNET CORPORATION FOR ASSIG	NED NAM	ŒS	95-47122	<u> 18</u>
MICHAEL D. PALAGE		BOARD MEMBER AS NEEDED		0.
MARINA DEL REY, CA 90292				
		DOLDO MOMBED		0.
MOUHAMET DIOP		BOARD MEMBER AS NEEDED		•
1676 ADMIRALTY WAY		AS MEEDED		
MARINA DEL REY, CA 90292				
NJERI RIONGE		BOARD MEMBER		0.
4676 ADMIRALTY WAY		AS NEEDED		
MARINA DEL REY, CA 90292				
		BOARD MEMBER		0.
THOMAS NILES		AS NEEDED		•
4676 ADMIRALTY WAY MARINA DEL REY, CA 90292		AD MEDDED		
MARINA DEL REI, CA 90292				
TRICIA DRAKES		BOARD MEMBER		0.
4676 ADMIRALTY WAY		AS NEEDED		
MARINA DEL REY, CA 90292				
		BOARD MEMBER		0.
VENI MARKOVSKI		AS NEEDED		
4676 ADMIRALTY WAY MARINA DEL REY, CA 90292		110 11111111		
MARINA DED REI, CA 30232				_
ROB BLOKZIJL		BOARD MEMBER		0.
4676 ADMIRALTY WAY		AS NEEDED		
MARINA DEL REY, CA 90292				
DANIEL HALLORAN		CHIEF REGISTRAR LIASON	71,83	33.
4676 ADMIRALTY WAY		50		
MARINA DEL REY, CA 90292				
			651,3	E 3
TOTAL TO FORM 199, PART II, LIN	E 11		031,3.	
FORM 199	OTHER	EXPENSES	STATEMENT	7
FORM 199				
DESCRIPTION			AMOUNT	
ADMINISTRATION			8,7 163,8	
INSURANCE			104,8	
MISCELLANEOUS			396,3	
COMPUTER CONSULTANTS			774,6	
OTHER CONSULTANTS			179,3	
BAD DEBT EXPENSE PENSION PLAN CONTRIBUTIONS			150,9	53
OTHER EMPLOYEE BENEFITS			94,5	
ACCOUNTING FEES			36,3	
LEGAL FEES			683,3	
			40,7	1 5
SUPPLIES			202,9	

INTERNET CORPORATION FOR ASSIGNED NAMES		95-4712218
POSTAGE AND SHIPPING PRINTING AND PUBLICATIONS TRAVEL CONFERENCES, CONVENTIONS AND MEETINGS		7,918. 29,426. 1,205,158. 55,279.
TOTAL TO FORM 199, PART II, LINE 17	:	4,134,337.
FORM 199 OTHER ASSETS		STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES DEPOSITS	0. 489.	75,998. 5,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	489.	80,998.
FORM 199 OTHER LIABILITIES	S	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
LOANS PAYABLE DEFERRED REVENUE	24,691. 496,469.	3,705. 599,472.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	521,160.	603,177.
FORM 199 FUND BALANCES		STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	2,804,380.	3,735,862.
TEMPORARILY RESTRICTED ASSETS	242,807.	0.