

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 [www.guidestar.com](http://www.guidestar.com) 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](mailto:kevin.wilson@icann.org).

EXTENSION GRANTED TO 5/15/06

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)

OMB No. 1545-0047

2004

Open to Public Inspection

Form 990

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning JUL 1, 2004 and ending JUN 30, 2005

B Check if applicable: C Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS D Employer identification number 95-4712218 E Telephone number 310-823-9358 F Accounting method: Cash [ ] Accrual [X]

G Website: ICANN.ORG

J Organization type (check only one) [X] 501(c)(3) ( ) (insert no.) 4947(a)(1) or 527

K Check here [ ] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? [ ] Yes [X] No H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included? N/A [ ] Yes [ ] No H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No I Group Exemption Number M Check [ ] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 17,801,313.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 Gross rents; 7 Other investment income; 8 Gross amount from sales of assets other than inventory; 9 Special events and activities; 10 Gross sales of inventory, less returns and allowances; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

423001 01-13-05

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

Form 990 (2004)

**INTERNET CORPORATION FOR ASSIGNED NAMES  
AND NUMBERS**

95-4712218

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Page 2

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</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			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25	914,135.	577,185.	336,950.
26 Other salaries and wages	26	1,203,418.	759,838.	443,580.
27 Pension plan contributions	27	227,211.	143,461.	83,750.
28 Other employee benefits	28	413,492.	261,079.	152,413.
29 Payroll taxes	29	226,932.	143,285.	83,647.
30 Professional fundraising fees	30			
31 Accounting fees	31	46,900.	29,613.	17,287.
32 Legal fees	32	1,778,390.	1,122,875.	655,515.
33 Supplies	33	71,789.	45,328.	26,461.
34 Telephone	34	551,679.	348,330.	203,349.
35 Postage and shipping	35	28,586.	18,049.	10,537.
36 Occupancy	36	409,024.	258,258.	150,766.
37 Equipment rental and maintenance	37	208,803.	131,838.	76,965.
38 Printing and publications	38	298,863.	188,702.	110,161.
39 Travel	39	2,434,690.	1,537,263.	897,427.
40 Conferences, conventions, and meetings	40	171,816.	108,485.	63,331.
41 Interest	41	21,139.	13,347.	7,792.
42 Depreciation, depletion, etc. (attach schedule)	42	156,327.	98,705.	57,622.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e <b>SEE STATEMENT 3</b>	43e	4,590,733.	2,898,589.	1,692,144.
44 <b>Total functional expenses</b> (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	13,753,927.	8,684,230.	5,069,697.

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ ; (ii) the amount allocated to Program services \$ \_\_\_\_\_ ;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <b>SEE FOOTNOTE</b>	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</small>
<b>a TO ASSIST IN THE DESIGN, DEVELOPMENT AND TESTING OF THE MECHANISMS, METHODS AND PROCEDURES NECESSARY FOR OVERSIGHT OF THE ROOT SERVERS AND OTHER POLICIES TO MAINTAIN UNIVERSAL CONNECTIVITY ON THE INTERNET</b> (Grants and allocations \$ _____ )	8,684,230.
<b>b</b> _____ (Grants and allocations \$ _____ )	
<b>c</b> _____ (Grants and allocations \$ _____ )	
<b>d</b> _____ (Grants and allocations \$ _____ )	
<b>e Other program services</b> (attach schedule) (Grants and allocations \$ _____ )	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>8,684,230.</b>

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**Part IV Balance Sheets**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....	43,457.	45	442,638.
	46 Savings and temporary cash investments .....	2,495,887.	46	1,467,431.
	47 a Accounts receivable .....	9,372,808.		
	47a			
	b Less: allowance for doubtful accounts .....		47b	
	47b			
	47c	2,872,268.	47c	9,372,808.
	48 a Pledges receivable .....		48a	
	48a			
	b Less: allowance for doubtful accounts .....		48b	
	48b			
	48c		48c	
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees .....		50	
51 a Other notes and loans receivable .....		51a		
51a				
b Less: allowance for doubtful accounts .....		51b		
51b				
51c		51c		
52 Inventories for sale or use .....		52		
53 Prepaid expenses and deferred charges .....		53		
54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV .....		54		
55 a Investments - land, buildings, and equipment: basis .....		55a		
55a				
b Less: accumulated depreciation .....		55b		
55b				
55c		55c		
56 Investments - other .....		56		
57 a Land, buildings, and equipment: basis .....	881,824.	57a		
57a				
b Less: accumulated depreciation .....	531,222.	57b		
57b				
57c	250,032.	57c	350,602.	
58 Other assets (describe <b>DEPOSITS</b> ) .....	35,625.	58	27,942.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....	5,697,269.	59	11,661,421.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	901,744.	60	1,707,398.
	61 Grants payable .....		61	
	62 Deferred revenue .....	655,632.	62	1,722,026.
	63 Loans from officers, directors, trustees, and key employees .....		63	
	64 a Tax-exempt bond liabilities .....		64a	
	64a			
	b Mortgages and other notes payable .....		64b	
64b				
65 Other liabilities (describe .....) .....		65		
66 <b>Total liabilities</b> (add lines 60 through 65) .....	1,557,376.	66	3,429,424.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	4,139,893.	67	8,207,003.
	68 Temporarily restricted .....		68	24,994.
	69 Permanently restricted .....		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	4,139,893.	73	8,231,997.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) .....	5,697,269.	74	11,661,421.

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.



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<b>Part VI</b>	<b>Other Information</b>	<b>Yes</b>	<b>No</b>
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>X</b>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	<b>X</b>	
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>X</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		<b>X</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?		<b>X</b>
b	If "Yes," enter the name of the organization <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions <span style="float:right">81a 0.</span>		
b	Did the organization file Form 1120-POL for this year?		<b>X</b>
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>X</b>	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <span style="float:right">82b 5,999.</span>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>X</b>	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right">N/A</span>		
85	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float:right">N/A</span> 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 owed for the prior year.		
c	Dues, assessments, and similar amounts from members <span style="float:right">85c N/A</span>		
d	Section 162(e) lobbying and political expenditures <span style="float:right">85d N/A</span>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e N/A</span>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f N/A</span>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float:right">N/A</span>		
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? <span style="float:right">N/A</span>		
86	<b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 12 <span style="float:right">86a N/A</span>		
b	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b N/A</span>		
87	<b>501(c)(12) organizations.</b> Enter: a Gross income from members or shareholders <span style="float:right">87a N/A</span>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">87b N/A</span>		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<b>X</b>
89 a	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> 0.; section 4912 <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> 0.; section 4955 <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> 0.		
b	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<b>X</b>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">0.</span>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">0.</span>		
90 a	List the states with which a copy of this return is filed <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> CALIFORNIA		
b	Number of employees employed in the pay period that includes March 12, 2004 <span style="float:right">90b 25</span>		
91	The books are in care of <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> MELANIE KELLER Telephone no. <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 310-823-9358		
Located at <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA ZIP + 4 <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> 90292-6601			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">92 N/A</span>		

**INTERNET CORPORATION FOR ASSIGNED NAMES  
AND NUMBERS**

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**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a DOMAIN NAME FEES					13,389,085.
b ADDRESS REGISTRY FEES					822,970.
c ACCREDITATION FEES					1,992,893.
d APPLICATION FEES					791,500.
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	26,874.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		26,874.	16,996,448.
105 Total (add line 104, columns (B), (D), and (E))					17,023,322.

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	FEES CHARGED TO COORDINATE AND MAINTAIN THE DOMAIN NAME REGISTRY
93B	FEES CHARGED TO COORDINATE AND MAINTAIN THE ADDRESS REGISTRY
93C	ANNUAL FEES CHARGED TO ENTITIES FOR ACCREDITATION AS REGISTRARS
93D	ONE TIME FEES CHARGED TO ENTITIES TO PROCESS APPLICATIONS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

**Please Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **WTND BREMER HOCKENBERG, LLP** EIN \_\_\_\_\_

Phone no. **(310) 342-6900**

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

Department of the Treasury  
Internal Revenue Service

**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

**Supplementary Information-(See separate instructions.)**

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

OMB No 1545-0047

**2004**

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

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DOUG BARTON 4676 ADMIRALTY WAY, MARINA DEL REY, CA	IANA MANAGER 50			
JOHN CRAIN 4676 ADMIRALTY WAY, MARINA DEL REY, CA	TECHNICAL OPS 50			
KIERAN BAKER 4676 ADMIRALTY WAY, MARINA DEL REY, CA	PUBLIC PARTIC 50			
TERESA SWINEHART 4676 ADMIRALTY WAY, MARINA DEL REY, CA	ATTORNEY 50			
ANNE-RACHEL INNE 4676 ADMIRALTY WAY, MARINA DEL REY, CA	POLICY ANALYS 50			
Total number of other employees paid over \$50,000 ▶	7			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms) if there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$	(b) Type of service	(c) Compensation
JONES, DAY, REAVIS & POGUE	LEGAL SERVICES	1450086.
COMPASS ROSE INTL	INTERNATIONAL ISSUES CONSULTING	286,487.
TELECORDIA TECHNOLOGIES	REGISTRY EVALUATION SERVIC	361,187.
COMMISSION EUROPEENE	MANAGEMENT CONSULTING	215,828.
RES, INC	MANAGEMENT CONSULTING	154,735.
Total number of others receiving over \$50,000 for professional services ▶	17	



**INTERNET CORPORATION FOR ASSIGNED NAMES**

<b>Part III</b> Statements About Activities (See page 2 of the instructions.)		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) <b>SEE STATEMENT 6</b>			
a Sale, exchange, or leasing of property? .....	2a		X
b Lending of money or other extension of credit? .....	2b		X
c Furnishing of goods, services, or facilities? .....	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	2d	X	
e Transfer of any part of its income or assets? .....	2e		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) .....	3a		X
b Do you have a section 403(b) annuity plan for your employees? .....	3b		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? .....	4a		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? .....	4b		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_

10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (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).)

(a) Name(s) of supported organization(s)	(b) Line number from above

14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**INTERNET CORPORATION FOR ASSIGNED NAMES**

Schedule A (Form 990 or 990-EZ) 2004 **AND NUMBERS**

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**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	744,568.	822,388.	1,230,617.	1,359,178.	4,156,751.
16 Membership fees received					
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	9,068,551.	4,946,253.	5,000,018.	4,422,761.	23,437,583.
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 organization after June 30, 1975	12,408.	18,428.	19,316.	91,470.	141,622.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		-2,306.	SEE STATEMENT 7		-2,306.
23 Total of lines 15 through 22	9,825,527.	5,784,763.	6,249,951.	5,873,409.	27,733,650.
24 Line 23 minus line 17	756,976.	838,510.	1,249,933.	1,450,648.	4,296,067.
25 Enter 1% of line 23	98,255.	57,848.	62,500.	58,734.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) 929,850. (2002) 263,289. (2001) 514,311. (2000) 1,014,005.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) 1,278,961. (2002) 677,375. (2001) 663,490. (2000) 82,532.					
c Add: Amounts from column (e) for lines: 15 4,156,751. 16 _____ 17 23,437,583. 20 _____ 21 _____					27c 27,594,334.
d Add: Line 27a total 2,721,455. and line 27b total 2,702,358.					27d 5,423,813.
e Public support (line 27c total minus line 27d total)					27e 22,170,521.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 27,733,650.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 79.9409%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .5107%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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

**INTERNET CORPORATION FOR ASSIGNED NAMES**

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
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? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
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? .....		
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.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		



**INTERNET CORPORATION FOR ASSIGNED NAMES**

Schedule A (Form 990 or 990-EZ) 2004 **AND NUMBERS**

95-4712218 Page 5

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37	
38	Total lobbying expenditures (add lines 36 and 37) .....	38	
39	Other exempt purpose expenditures .....	39	
40	Total exempt purpose expenditures (add lines 38 and 39) .....	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000 .....		20% of the amount on line 40 .....
	Over \$500,000 but not over \$1,000,000 .....		\$100,000 plus 15% of the excess over \$500,000 .....
	Over \$1,000,000 but not over \$1,500,000 .....		\$175,000 plus 10% of the excess over \$1,000,000 .....
	Over \$1,500,000 but not over \$17,000,000 .....		\$225,000 plus 5% of the excess over \$1,500,000 .....
	Over \$17,000,000 .....		\$1,000,000 .....
42	Grassroots nontaxable amount (enter 25% of line 41) .....	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount .....				0.
46	Lobbying ceiling amount (150% of line 45(e)) .....				0.
47	Total lobbying expenditures .....				0.
48	Grassroots nontaxable amount .....				0.
49	Grassroots ceiling amount (150% of line 48(e)) .....				0.
50	Grassroots lobbying expenditures .....				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers .....			
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 .....			
e Publications, or published or broadcast statements .....			
f Grants to other organizations for lobbying purposes .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
i Total lobbying expenditures (Add lines c through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**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

**2004**

Name of organization

**INTERNET CORPORATION FOR ASSIGNED NAMES  
AND NUMBERS**

Employer identification number

**95-4712218**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

**General Rule-**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DENIC EG	\$ 170,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	IIT-CNR INSTITUTE	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CIRA	\$ 81,407.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	COMITE GESTOR INTERNET-	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	NOMINET UK	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	SWITCH (CH)	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

95-4712218

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	DNS-BE VZW	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	NASK	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	COUNCIL OF HUNGARIAN INTERNET PROVIDERS	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	NATIONAL INTERNET DEVELOP AGENCY OF KOREA	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	DANSK INTERNET FORUM	\$ 33,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	CHINESE ACADEMY OF SCIENCES	\$ 14,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



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

Employer identification number

**95-4712218****Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	ICI - ROMANIA	\$ 12,936.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	CZ.NIC	\$ 23,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	NIC CHILE	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	INTERNET NZ	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	ISRAEL INTERNET ASSOCIATION	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	FICORA	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

95-4712218

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	ISC-FORTH GR	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	KAUNAS UNIVERSITY OF TECHNOLOGY	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	INSTITUTE OF MATHEMATICS & COMPUTER SCIENCE	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	INTERNET SOCIETY OF NEW ZEALAND	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	FUNDACAO PARA A COMPUTACAO CIE	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	SINGAPORE NETWORK INFORMATION	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

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FOOTNOTES

STATEMENT 1

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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.

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
FEDERAL TAX DEPRECIATION IN EXCESS OF BOOK DEPRECIATION	44,718.
TOTAL TO FORM 990, PART I, LINE 20	44,718.

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FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADMINISTRATION	143,457.	90,579.	52,878.	
INSURANCE	179,986.	113,643.	66,343.	
MISCELLANEOUS	9,798.	6,186.	3,612.	
COMPUTER CONSULTANTS	511,707.	323,092.	188,615.	
OTHER CONSULTANTS	2,541,796.	1,604,890.	936,906.	
BAD DEBT EXPENSE	1,203,989.	760,199.	443,790.	
TOTAL TO FM 990, LN 43	4,590,733.	2,898,589.	1,692,144.	

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FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	4
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DESCRIPTION	AMOUNT
FEDERAL TAX DEPRECIATION IN EXCESS OF BOOK DEPRECIATION	44,718.
TOTAL TO FORM 990, PART IV-B	44,718.

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FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
VINTON CERF 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	28,438.
ALEJANDRO PISANTY 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	52,540.
IVAN MOURA CAMPOS 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	0.
MASANOBU KATOH 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	0.
LYMAN CHAPIN 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	0.
DIANE SCHROEDER 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	CHIEF FINANCIAL OFFICER 60	103,750.	14,063.	1,507.
PAUL TWOMEY 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	PRESIDENT/CEO 60	448,968. (A)	0.	141,574.
DR. HAGEN E. HULTZSCH 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	22,696.
HUALIN QIAN 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	10,967.
MICHAEL D. PALAGE 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	4,942.
MOUHAMET DIOP 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	3,919.

(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 ASSIGNED NAMES

95-4712218

NJERI RIONGE 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	1,082.
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.	1,117.
VENI MARKOVSKI 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	2,203.
PAUL VERHOEF 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	VP POLICY DEVELOPMENT 60	0.	0.	14,756.
KURT PRITZ 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	VICE PRESIDENT-BUSINESS OP 60	160,000.	23,854.	0.
JOHN JEFFREY 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	SECRETARY/GENERAL COUNSEL 60	201,417.	15,525.	7,961.
RAIMUNDO BECA 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	2,210.
SUSAN P. CRAWFORD 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	0.
DEMI GETSCHKO 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	0.
JOICHI ITO 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	7,335.
VANDA SCATEZINI 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	499.
PETER DENGATE THRUSH 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	5,858.
TOTALS INCLUDED ON FORM 990, PART V		<u>914,135.</u>	<u>53,442.</u>	<u>284,979.</u>

SCHEDULE A	STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC., PART III, LINE 2	STATEMENT 6
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PAUL TWOMEY, PRESIDENT AND CEO, WAS PAID THROUGH ARGO PACIFIC \$448,968 IN COMPENSATION AND WAS REIMBURSED \$116,572 FOR EXPENSES. JOHN JEFFERY, SECRETARY AND GENERAL COUNSEL, WAS PAID \$201,417 IN COMPENSATION AND WAS REIMBURSED \$7,961 FOR EXPENSES. DIANE SCHROEDER, CHIEF FINANCIAL OFFICER, WAS PAID \$103,750 IN COMPENSATION AND WAS REIMBURSED \$1,310 FOR EXPENSES. BOARD MEMBERS WERE REIMBURSED FOR EXPENSES AS SHOWN ON STATEMENT 7. KURT PRITZ, VICE PRESIDENT OF BUSINESS OPERATIONS, WAS PAID \$160,000 IN COMPENSATION AND WAS REIMBURSED \$-0- FOR EXPENSES. PAUL VERHOEF, VP POLICY DEVELOPMENT, WAS REIMBURSED \$14,756 FOR EXPENSES

SCHEDULE A	OTHER INCOME				STATEMENT 7
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	
MISCELLANEOUS	0.	-2,306.	0.	0.	
TOTAL TO SCHEDULE A, LINE 22	0.	-2,306.	0.	0.	



**Depreciation and Amortization** 990  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**INTERNET CORPORATION FOR ASSIGNED NAMES  
AND NUMBERS**

**FORM 990 PAGE 2**

**95-4712218**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See instructions for a higher limit for certain businesses	1	102,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	410,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	53,915.
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	36,732.
18	If you are electing under section 168(l)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		276,995.	5 YRS	HY	200DE	55,399.
c 7-year property		71,971.	7 YRS	HY	200DE	10,281.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	156,327.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**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?  Yes  No 24b If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 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							25	
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 -		
	:	:	%			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.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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												
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 use?												

**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% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
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?		
41 Do you meet the requirements concerning qualified automobile demonstration use? <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year:					
	:	:			
43 Amortization of costs that began before your 2004 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

YEAR  
2004

# California Exempt Organization Annual Information Return

FORM  
199

MONTH DAY YEAR For calendar or fiscal year beginning <b>JULY</b>   <b>1</b>   <b>2004</b> ,	MONTH DAY YEAR and ending <b>JUNE</b>   <b>30</b>   <b>2005</b> .
<b>IMPORTANT: Your number is required.</b>	
California corporation number <b>2121683</b>	Federal employer identification number (FEIN) <b>95-4712218</b>
Corporation/Organization name <b>INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS</b>	
Address <b>4676 ADMIRALTY WAY, NO. 330</b> City State ZIP Code <b>MARINA DEL REY, CA 90292-6601</b>	PMB no.
A Final return? <input type="checkbox"/> Yes. Check applicable box. <input checked="" type="checkbox"/> No <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date	
B Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Federal: <input checked="" type="checkbox"/> 990 <input type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120	
C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. <input type="checkbox"/>	
D Is this a group filing? See General Instruction N. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
E Accounting method used <b>ACCRUAL</b>	
F Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 <b>d</b> (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust	

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

<b>Receipts and Revenues</b> <small>(Enclose, but do not staple any payment.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	17,023,322.
	2	Gross dues and assessments from members and affiliates	•	
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions <b>STMT 1</b>	•	777,991.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3 <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction C	•	17,801,313.
	5	Cost of goods sold	5	
	6	Cost or other basis, and sales expenses of assets sold	6	
	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4	8	17,801,313.
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	13,709,385.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	4,091,928.
<b>Filing Fee</b>	11	Filing fee \$10 or \$25. See General Instruction F	11	10.
	12	Penalty for failure to file on time. See General Instruction L	12	
	13	Use tax. See instructions	13	
	14	<b>Balance due.</b> Add line 11, line 12, and line 13	14	10.

- 15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations  Yes  No
- 16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents  Yes  No
- 17 Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter amount of gross receipts from nonmember sources \$ \_\_\_\_\_
- 18 Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income?  Yes  No  
If "Yes," enter amount of total income reported \$ \_\_\_\_\_
- 19 The financial records are in care of **MELANIE KELLER** Daytime telephone **310-823-9358**

located at **4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292-6601**

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer _____	Date _____	Title _____ Daytime telephone _____
<b>Paid Preparer's Use Only</b>	Paid Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/> • Paid preparer's SSN or PTIN <b>P00116676</b>
	Firm's name (or yours, if self-employed) and address <b>WIND BREMER HOCKENBERG, LLP</b>	FEIN <b>20-2050349</b>	Daytime telephone <b>(310)342-6900</b>

428941/01-14-05

**INTERNET CORPORATION FOR ASSIGNED NAMES  
AND NUMBERS**

95-4712218

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	26,874.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income SEE STATEMENT 3	7	16,996,448.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	17,023,322.
Expenses and Disburse- ments	9	Contributions, gifts, grants, and similar amounts paid	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	11	914,135.
	12	Other salaries and wages	12	1,203,418.
	13	Interest	13	21,139.
	14	Taxes	14	226,932.
	15	Rents	15	617,827.
	16	Depreciation and depletion	16	111,785.
	17	Other SEE STATEMENT 5	17	10,614,149.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	13,709,385.

**Schedule L Balance Sheets**

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		2,539,344.		1,910,069.
2 Net accounts receivable		2,872,268.		9,372,808.
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans (number of loans _____)				
9 Other investments				
10 a Depreciable assets	669,644.		881,824.	
b Less accumulated depreciation	( 419,612. )	250,032.	( 531,222. )	350,602.
11 Land				
12 Other assets STMT 6		35,625.		27,942.
13 Total assets		5,697,269.		11,661,421.
<b>Liabilities and net worth</b>				
14 Accounts payable		901,744.		1,707,398.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 7		655,632.		1,722,026.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		4,139,893.		8,231,997.
22 Total liabilities and net worth		5,697,269.		11,661,421.

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	4,092,104.		
2	Federal income tax		7	Income recorded on books this year not included in this return
3	Excess of capital losses over capital gains			
4	Income not recorded on books this year		8	Deductions in this return not charged against book income this year STMT 8
5	Expenses recorded on books this year not deducted in this return		9	Total. Add line 7 and line 8
6	Total		10	Net income per return
	Add line 1 through line 5	4,092,104.		Subtract line 9 from line 6
				176.
				176.
				4,091,928.



INTERNET CORPORATION FOR ASSIGNED NAMES

95-4712218

INTERNET NZ	10,000.
ISRAEL INTERNET ASSOCIATION	18,000.
FICORA	5,000.
ISC-FORTH GR	5,000.
KAUNAS UNIVERSITY OF TECHNOLOGY	5,000.
INSTITUTE OF MATHEMATICS & COMPUTER SCIENCE	10,000.
INTERNET SOCIETY OF NEW ZEALAND	5,000.
FUNDACAO PARA A COMPUTACAO CIE	5,000.
SINGAPORE NETWORK INFORMATION	5,000.
MIDDLE EAST TECHNICAL UNIVERSITY	5,000.
TOTAL INCLUDED ON LINE 3	<u>768,043.</u>

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FOOTNOTES

STATEMENT 2

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	OTHER INCOME	STATEMENT	3
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DESCRIPTION	AMOUNT
DOMAIN NAME FEES	13,389,085.
ADDRESS REGISTRY FEES	822,970.
ACCREDITATION FEES	1,992,893.
APPLICATION FEES	791,500.
TOTAL TO FORM 199, PART II, LINE 7	16,996,448.

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	4
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
VINTON CERF 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.
IVAN MOURA CAMPOS 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
MASANOBU KATOH 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
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	103,750.
PAUL TWOMEY 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	PRESIDENT/CEO 60	448,968. (A)
DR. HAGEN E. HULTZSCH 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.

(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 ASSIGNED NAMES

95-4712218

HUALIN QIAN 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
MICHAEL D. PALAGE 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
MOUHAMET DIOP 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
NJERI RIONGE 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
THOMAS NILES 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
TRICIA DRAKES 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
VENI MARKOVSKI 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
PAUL VERHOEF 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	VP POLICY DEVELOPMENT 60	0.
KURT PRITZ 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	VICE PRESIDENT-BUSINESS OP 60	160,000.
JOHN JEFFREY 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	SECRETARY/GENERAL COUNSEL 60	201,417.
RAIMUNDO BECA 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
SUSAN P. CRAWFORD 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
DEMI GETSCHKO 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.

## INTERNET CORPORATION FOR ASSIGNED NAMES

95-4712218

JOICHI ITO 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
VANDA SCATEZINI 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
PETER DENGATE THRUSH 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
TOTAL TO FORM 199, PART II, LINE 11		<u>914,135.</u>

FORM 199	OTHER EXPENSES	STATEMENT	5
DESCRIPTION		AMOUNT	
ADMINISTRATION		143,457.	
INSURANCE		179,986.	
MISCELLANEOUS		9,798.	
COMPUTER CONSULTANTS		511,707.	
OTHER CONSULTANTS		2,541,796.	
BAD DEBT EXPENSE		1,203,989.	
PENSION PLAN CONTRIBUTIONS		227,211.	
OTHER EMPLOYEE BENEFITS		413,492.	
ACCOUNTING FEES		46,900.	
LEGAL FEES		1,778,390.	
SUPPLIES		71,789.	
TELEPHONE		551,679.	
POSTAGE AND SHIPPING		28,586.	
PRINTING AND PUBLICATIONS		298,863.	
TRAVEL		2,434,690.	
CONFERENCES, CONVENTIONS AND MEETINGS		171,816.	
TOTAL TO FORM 199, PART II, LINE 17		<u>10,614,149.</u>	

FORM 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEPOSITS	35,625.	27,942.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	<u>35,625.</u>	<u>27,942.</u>	

FORM 199	OTHER LIABILITIES	STATEMENT	7
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	655,632.	1,722,026.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	655,632.	1,722,026.

FORM 199	DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK INCOME THIS YEAR	STATEMENT	8
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DESCRIPTION	AMOUNT
DEPRECIATION	176.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 8	176.

FORM 199	FUND BALANCES	STATEMENT	9
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	4,139,893.	8,207,003.
TEMPORARILY RESTRICTED ASSETS	0.	24,994.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	4,139,893.	8,231,997.