PUBLIC INSPECTION COPY

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)

Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No. 1545-0047

A F	or the	201	1 calendar year, or tax year beginning 07/01, 2011, and e	ending		06/30 , 20 12					
	i maran	127 - 277	C Name of organization		D Employer iden	tification number					
D Ch	eck if app	olicable:	INTERNET CORP FOR ASSIGNED NAMES & NUMBERS		95-47122	218					
X	Addres	is	Doing Business As								
	Name	change	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite	E Telephone number						
	Initial	return	12025 WATERFRONT DRIVE 300		(310) 301	-5800					
	Termin	ated	City or town, state or country, and ZIP + 4								
	Ameno		LOS ANGELES, CA 90094-2536	G Gross receipts	\$ 125,176,730.						
	Applic	ation	F Name and address of principal officer: FADI CHEHADE		H(a) Is this a group						
	_ bendii	ig	12025 WATERFRONT DR., STE 300 LOS ANGELES, CA 90	0094	affiliates? H(b) Are all affiliates	included? Yes No					
i	Tax-exe	empt sta		527		a list. (see instructions)					
-			WWW.ICANN.ORG	1021	H(c) Group exemption	on number					
700 1		COUNTY FOR	Heart Consult Consult of The Consult of Consultation Cons	Year of format		ate of legal domicile: CA					
-	rt I		nmary	Toal of format	1011. 1990 M O	ate of legal doffficile.					
L											
			describe the organization's mission or most significant activities:								
S		200	SCHEDULE O.								
Activities & Governance											
ver											
S	200.00		this box if the organization discontinued its operations or disposed of mo		10.900	. 16					
•ර ග			er of voting members of the governing body (Part VI, line 1a)			16.					
tie			er of independent voting members of the governing body (Part VI, line 1b)			4 14.					
ţ			number of individuals employed in calendar year 2011 (Part V, line 2a)			5 123.					
Ac	6	Total i	number of volunteers (estimate if necessary)			6 26.					
	7a	Total	unrelated business revenue from Part VIII, column (C), line 12			'a 0					
	b	Net ur	nrelated business taxable income from Form 990-T, line 34			'b 0					
					Prior Year	Current Year					
ø.	8	Contri	butions and grants (Part VIII, line 1h)		1,990,805	. 2,621,270.					
ng	9		am service revenue (Part VIII, line 2g)		67,302,790	. 69,791,646.					
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)	• • • • • • • • • • • • • • • • • • • •	2,725,747						
ď	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
	1		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3000 EL 1100	72,019,342	70,147,280.					
					467,624						
			s and similar amounts paid (Part IX, column (A), lines 1-3)		407,024	0 3/3,04/.					
			its paid to or for members (Part IX, column (A), line 4)		25 122 045	0					
es			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		25,133,945	27,780,280.					
Expenses	10,707		ssional fundraising fees (Part IX, column (A), line 11e)			<u> </u>					
X	598		fundraising expenses (Part IX, column (D), line 25) ▶0								
-	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		35,693,680						
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		61,295,249						
		Rever	nue less expenses. Subtract line 18 from line 12		10,724,093						
Net Assets or Fund Balances				Begin	ining of Current Ye	ar End of Year					
sets	20	Total	assets (Part X, line 16)		99,820,354	466,375,671.					
ASSI	21	Total	liabilities (Part X, line 26)		19,670,456	382,783,826.					
Net	22		ssets or fund balances. Subtract line 21 from line 20		80,149,898	83,591,845.					
	ırt II	Si	gnature Block								
Un	der per	alties o	of perjury, I declare that I have examined this return, including accompanying schedules and star	tements, and t	o the best of my kno	owledge and belief, it is true,					
cor	rect, ar	nd com	plete. Declaration of preparer (other than officer) is based or all information of which preparer h	nas any knowle	edge.	1 -1					
					104/	5/13					
Sig	jn		Signature of officer		Date	/					
He	re		NAVITER CALVET CE								
			Type or print name and title								
8		Print	Type or print hame and title Type preparer's name Preparer's signature Dat	te		, PTIN					
Paid	d		Dina in land	05/14/2013	Check i self-employed						
	parer		IN III I I I I I I I I I I I I I I I I	JUI 14120 10							
	Only	-	sname > ERNST & YOUNG U.S. LLP		-	4-6565596					
			s address > 4370 LA JOLLA VILLAGE DR., STE 500 SAN DIEGO, CA 92122		Phone no. 8	58-535-7200					
Ma	the l	RS dis	cuss this return with the preparer shown above? (see instructions)			Yes X No					

Form 990 (2011) Page 2 **Statement of Program Service Accomplishments** Part III 1 Briefly describe the organization's mission: SEE SCHEDULE O. 2 Did the organization undertake any significant program services during the year which were not listed on the If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 50, 232, 245. including grants of \$ 575, 847. (Revenue \$ 69, 791, 646.) SEE SCHEDULE O. **4b** (Code: including grants of \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 4e Total program service expenses ▶ 50,232,245.

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			- 21
8	complete Schedule D. Part III	8		Χ
0		-		21
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	9		Х
4.0	complete Schedule D, Part N	9		Λ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	4.0		V
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
-	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
202	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
2 - a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
		24b		- 21
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.4-		
	to defease any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			3.7
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	$Was \ a \ loan \ to \ or \ by \ a \ current \ or \ former \ officer, \ director, \ trustee, \ key \ employee, \ highly \ compensated \ employee, \ or \ director, \ director$			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,			
• •	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
J-T	IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	33a		21
b		256		v
2.0	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			177
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V............ 71 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ________1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a Χ b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X **b** If "Yes," enter the name of the foreign country: ▶ <u>ATTACHMENT 1</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7 c Χ 7 e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7<u>g</u> g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Χ **14a** Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

O. See instructions.		
	Check if Schedule O contains a response to any question in this Part VI	Х
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedi O. See instructions.	uie

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are 1a 16			
	material differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Χ
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Χ	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			37
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	46:		
Soct	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \(\bigcup_CA_\).			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.	υ I (C)(JS O	ılıy)
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f inter	est p	olicy

and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20

organization: ►XAVIER CALVEZ 12025 WATERFRONT DRIVE, SUITE 300 LOS ANGELES, CA 90094-2536 310-301-5838

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for	box,	unles	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1000-MIGO)	organization and related organizations
	_{12.00}	X						38,654.	0	0
(2) RAJASEKHAR RAMARAJ DIRECTOR	12.00	X						0		0
(3) BRUCE TONKIN DIRECTOR	12.00	Х						0	0	0
(4) RAYMOND A. PLZAK DIRECTOR	12.00	Х						0	0	0
(5) MIKE SILBER DIRECTOR	12.00	Х						0	0	0
(6) GEORGE SADOWSKY DIRECTOR	12.00	Х						0	0	0
(7) GONZALO NAVARRO DIRECTOR	12.00	Х						0	0	0
(8) KUO-WEI WU DIRECTOR	12.00	Х						0	0	0
(9) CHERINE CHALABY DIRECTOR	12.00	X						0	0	0
(10) BERTRAND DE LA CHAPELLE DIRECTOR	12.00	Х						0	0	0
	12.00	Х						0	0	0
DIRECTOR	12.00	X						0	0	0
DIRECTOR	12.00	X						0	0	0
(14) CHRIS DISSPAIN DIRECTOR	12.00	X						0	0	0

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Part VII Section A. Officers, Director		;y ⊏n	ihic			anu l	ııgı			oriunue		
(A) Name and title	(B) Average hours per	(do i	not c	Pos	ition more	e than c	one	(D) Reportable compensation	(E) Reportable compensation from		(F) stimated nount of	
	week (describe	box,	unle:	ss pe	rson	is both or/trust	an ee)	from the	related organizations	com	other pensation om the	on
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	anizatio d related anizatior	on d
15) JUDITH VAZQUEZ												
DIRECTOR	12.00	Х						0	0			0
16) KATIM TOURAY DIRECTOR (OCT 2011)	12.00	X						0	0			0
17) REINHARD SCHOLL DIRECTOR (OCT 2011)	12.00	Х						0	0			0
18) ROD BECKSTROM DIRECTOR/PRESIDENT & CEO	60.00	Х		Х				903,500.	0		58,1	72.
19) AKRAM ATALLAH CHIEF OPERATING OFFICER	60.00			Х				441,373.	0		54,2	
20) JOHN JEFFREY GENERAL COUNSEL	60.00			Х				391,324.	0		35,6	
21) KURT PRITZ SENIOR VP, SERVICES	60.00			Х				366,987.	0		54,6	593.
22) XAVIER CALVEZ CHIEF FINANCIAL OFFICER	60.00			Х				78,686.	0		29,1	57.
23) STEVE ANTONOFF DIRECTOR HUMAN RESOURCES	60.00				Х			196,603.	0		39,9)11.
24) BARBARA CLAY VP COMMUNICATIONS	60.00				Х			289,984.	0		41,9)11.
25) ELISE GERICH VP IANA & TECHNICAL OPERAT	 IONS 60.00				Х			250,759.	0		49,8	330.
1b Sub-total								38,654.	0			0
c Total from continuation sheets to Part	VII, Section A							5,667,627.	0	9	13,1	.23.
d Total (add lines 1b and 1c)								5,706,281.	0	9	13,1	.23.
2 Total number of individuals (including b reportable compensation from the organ		hose 83		d a	bove	e) who	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any forme employee on line 1a? If "Yes," complete	r officer, directo Schedule J for su	or, or ch ina	tru <i>ividi</i>	uste ual	е,	key e	emp	loyee, or highes	t compensated	3	X	
4 For any individual listed on line 1a, is organization and related organizatio	s the sum of rep	ortab	ole o	com	per	satio	n ai	nd other compens	sation from the			
individual										4	Х	
5 Did any person listed on line 1a rece for services rendered to the organization	ive or accrue co	mpen	sati	on i	fron	n any	un	related organization	on or individual	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	Des	(B) cription of services	(C) Compensation
ATTACHMENT 2			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 66

Form **990** (2011)

	(R)			(C	.,			(D)	(E)	(E)
(A) Name and title	(B) Average hours per week (describe	box,	unles r and	ss per	tion more son irect	than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
26) DANIEL HALLORAN DEPUTY GENERAL COUNSEL	60.00				Х			237,648.	0	52 , 038
27) JAMES HEDLUND VP GOVERNMENT AFFAIRS	60.00				X			323,981.	0	39,476
28) DAVID OLIVE VP, POLICY DEVELOPMENT	60.00				Х			302,752.	0	57,353
29) MICHAEL SALAZAR DIRECTOR, NEW GTLD PROGRAM	60.00				Х			262,230.	0	54 , 627
BO) AMY STATHOS DEPUTY GENERAL COUNSEL	60.00				Х			263,710.	0	36,877
SR DIR GNSO POLICY DEV. SUPT.	60.00					Х		252,955.	0	69,299
32) DENISE MICHEL ADVISOR TO THE CEO 33) MARGARET MILAM	60.00					Х		270,314.	0	59,335
SENIOR POLICY COUNSELOR 34) OLOF NORDLING	60.00					Х		232,873.	0	55,169
DIRECTOR, DNS ENGAGEMENT-EUR 35) TIMOTHY COLE	60.00					X		262,267.	0	66,301
SR DIR., REGISTRAR RELATIONS 36) KEVIN WILSON	60.00					X		215,887.	0	49,865
FORMER CHIEF FINANCIAL OFFICER	60.00						X	123,794.	0	9,147
1b Sub-total c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c)	ection A					· · ·	^ ^			
2 Total number of individuals (including but not I reportable compensation from the organization		hose 83		d ab	ove	e) who	o re	ceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	um of reparter	ortab \$15	le c	omp	pen <i>If</i>	satior "Yes	n ar s," (nd other compens	sation from the le J for such	4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on fi	rom	any	uni		on or individual	5 X

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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Pai	rt VII	Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grant and similar amounts not included Noncash contributions included	1b 1c 1d 1tions) 1e nts, d above . 1f in lines 1a-1f: \$	2,621,270.				
	h	Total. Add lines 1a-1f			2,621,270.			
n				Business Code				
eve	2a	DOMAIN NAME REGISTRY AND	REGISTRAR FEES	900099	64,195,238.	64,195,238.		
e R	b	ACCREDITATION FEES		900099	4,061,333.	4,061,333.		
5.	С	SPONSORSHIPS		900099	1,287,575.	1,287,575.		
Program Service Revenue	d	APPLICATION FEES		900099	247,500.	247,500.		
ап	е							
gr	f	All other program service rev	enue					
Pro	g	Total. Add lines 2a-2f			69,791,646.			
	3	Investment income (including other similar amounts) Income from investment of the similar amounts of the simila	ng dividends, inter	rest, and	551 , 635.			551,635.
	5	Royalties			0			
	6a b	Gross rents	(i) Real	(ii) Personal				
	d	Net rental income or (loss).			0			
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	b	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	52,212,179. 55,029,450. -2,817,271.					
	d	Net gain or (loss)			-2,817,271.			-2,817,271.
Other Revenue	8 a	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18 Less: direct expenses	line 1c).	1				
ᄑ	С	Net income or (loss) from fu			0			
	9a	Gross income from gaming a See Part IV, line 19	a	1				
	b	Less: direct expenses						
	С	Net income or (loss) from ga	aming activities.		0			
	10a	returns and allowances	a					
	b	Less: cost of goods sold						
	С	Net income or (loss) from sa Miscellaneous Rever		Business Code	0			
		wiscellaneous Rever	iuc	Pusiliess Code				
	11a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d			0			
	12	Total revenue. See instruction	ons	▶	70,147,280.	69,791,646.		-2,265,636.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX (B) Program service (**D**) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 0 Grants and other assistance to individuals in 0 the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 575,847. 575,847. Benefits paid to or for members Compensation of current officers, directors, 7,102,145. 5,373,981. 1,728,164. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 135,469. 102,550. 32,919. 15,971,006. 12,084,875. 3,886,131. 7 Other salaries and wages Pension plan accruals and contributions (include section 1,777,468. 1,344,965. 432,503. 401(k) and 403(b) employer contributions) 1,549,282. 1,039,788. 509,494. 1,244,910. 941,993. 302,917. 10 Fees for services (non-employees): a Management 3,376,576. 2,266,158. 1,110,418. 193,871. 193,871. 536,318. 536,318. Lobbying e Professional fundraising services. See Part IV, line 17 181,328. 181,328. f Investment management fees 16,201,813. 10,873,700. 5,328,113. 18,956. 12,722. 6,234. 12 298,718. 200,482. 98,236. 13 3,982,171. 2,672,598. 1,309,573. 14 15 Royalties 2,397,844. 1,609,291. 788,553. 16 7,736,040. 5,191,973. 2,544,067. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,343,693. 3,343,693. Conferences, conventions, and meetings 19 0 21 Payments to affiliates 1,253,928. 1,868,353. 614,425. 22 Depreciation, depletion, and amortization 290,419. 194,912. 95,507. Insurance 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 174,504. 116,918. 57,586. a PRINTING 172,627. 115,660. 56,967. b BAD DEBT 161,130. 107,957. c DUES AND SUBSCRIPTIONS 53,173. 160,280. 160,280. d STAFF TRAINING 126,023. 111,656. 14,367. e All other expenses ______ 69,576,791. 50,232,245. 19,344,546. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

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Pa	ırt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			8,793,891.	1	378,123,655.
	2	Savings and temporary cash investments			20,281,685.	2	4,894,288.
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net	15,068,326.	4	17,880,747.		
	5	Receivables from current and former officers,					
		employees, and highest compensated employe	es. (Complete Part II of			
	6	Schedule L Receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958(employers and sponsoring organizations of seemployees' beneficiary organizations (see instruct	0	6	0		
ets	7	Notes and loans receivable, net	,		0	7	0
Assets	8	Inventories for sale or use			0	8	0
٩	9	Prepaid expenses and deferred charges			208,230.	9	3,287,533.
	10a	Land, buildings, and equipment: cost or			·		
		other basis. Complete Part VI of Schedule D	10a	11,726,606.			
	b	Less: accumulated depreciation			3,650,608.	10c	5,786,964.
	11	Investments - publicly traded securities			51,715,883.	11	53,034,940.
	12	Investments - other securities. See Part IV, line 11			0	12	0
	13	Investments - program-related. See Part IV, line 11			0	13	0
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		101,731.	15	3,367,544.	
	16	Total assets. Add lines 1 through 15 (must equal		99,820,354.	16	466,375,671.	
	17	Accounts payable and accrued expenses	8,195,282.	17	12,851,323.		
	18	Grants payable		0	18	0	
	19	Deferred revenue	11,475,174.	19	369,932,503.		
	20	Tax-exempt bond liabilities		0	20	0	
es	21	Escrow or custodial account liability. Complete	IV of Schedule D	0	21	0	
≝	22	Payables to current and former officers,	direct	ors, trustees, key			
Liabilities		employees, highest compensated employees, a					
		Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelate	ed thir	d parties	0	23	0
	24	Unsecured notes and loans payable to unrelated			0	24	0
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D				25	0
_	26	Total liabilities. Add lines 17 through 25			19,670,456.	26	382,783,826.
ses		Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.	• > [X and complete			
au	27	Unrestricted net assets			80,149,898.	27	83,591,845.
Bal	28	Temporarily restricted net assets			0	28	0
pu	29	Permanently restricted net assets	<u></u> <u> </u>	0	29	0	
or Fund Balances		Organizations that do not follow SFAS 117, che complete lines 30 through 34.	ck he	re ▶ and			
ţ	30	Capital stock or trust principal, or current funds .			30		
SSe	31	Paid-in or capital surplus, or land, building, or equ	nt fund		31		
Net Assets	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Ne	33	Total net assets or fund balances			80,149,898.	33	83,591,845.
	34	Total liabilities and net assets/fund balances	<u> </u>	<u> </u>	99,820,354.	34	466,375,671.
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_				00,001,040.
	column (B))	6		83,591,845.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	Other changes in net assets or fund balances (explain in Schedule O)			2,071,430.
_	ret assets of full balances at beginning of year (flust equal r at X, line 35, Column (A)).	-		2,871,458.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		80,149,898.
3		3		570,489.
2	Total expenses (must equal Part IX, column (A), line 25)	2		69,576,791.
1	Total revenue (must equal Part VIII, column (A), line 12)	1		70,147,280.
			_	

Part XII Financial Statements and Reporting
Check if Schedule O contains a response to any question in this Part XII

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047
2011
Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Name	of t	he organization							Emplo	yer iden	tificati	on num	ber	
INTE	ERN	ET CORP FOR AS	SSIGNED NAMES	& NUMBERS						95-	-471	2218		
Part	0	Reason for Pub	lic Charity Statu	s (All organizations mu	ıst cor	nplete	this pa	art.) Se	e instr	uctions				
The c	rga	nization is not a priv	ate foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)					
1		A church, convention	on of churches, or	association of churches	describ	ed in s	ection	170(b)	(1)(A)(i)					
2	_			(1)(A)(ii). (Attach Schedu										
3		•		ervice organization descr			-							
4				erated in conjunction w	ith a h	nospita	l descr	ibed in	sectio	n 170(b)(1)(4)(iii).	Enter	the
_	_	hospital's name, cit												
5				nefit of a college or univ	ersity	owned	d or ope	erated I	by a go	vernme	ntal ι	ınit de	scribe	ed in
	_	section 170(b)(1)(A	, , , , , ,	,										
6	_		-	or governmental unit des										
7		-	-	es a substantial part of it	ts supp	ort fro	m a go	vernme	ental ur	it or fro	om th	e gene	ral p	ublic
	_	described in sectio												
8		-		on 170(b)(1)(A)(vi). (Com								_		
9 [Χ	_	-	es: (1) more than 331/3%							-		_	
				exempt functions - sub	•				٠,					
				ome and unrelated busi				-		n 511	tax) 1	rom b	usine	sses
	_	-		ne 30, 1975. See section										
10				ted exclusively to test for	•	•				•				
11 [-	-	rated exclusively for the			-							
				ipported organizations de									e se c	tion
			b Type	es the type of supporting					iiiles i		_		\thor	
٦	\neg	a Type I		II c Type the organization is not			nally inte	_	iroothy	d		e III - C		lifiod
e		-	-	gers and other than one			-		-	-			-	
		509(a)(1) or section		gers and other than one	OI IIIO	ne pur	niciy su	pporte	u organ	izations	uesi	cribed	111 56	CUOII
f		` ' ' '	` ' ' '	n determination from th	o IDC	that it	ic o T	woo I I	Type II	or Type	م ااا د	Suppor	lina	
'		organization, check		ii determination nom tii	16 11/0	ınaı n	is a i	ype i,	туре п,	от тур	5 III 3	suppor	urig	
~		-		nization accepted any gif	torco	ntribut	on from		f the					
g		following persons?	ooo, nas the orga	mzation accepted any gir	1 01 00	IIIIIDUL	1011 11011	i arry or	ille					
			directly or indire	ectly controls, either alor	ne or t	oneth	er with	nersor	ne desc	rihed in	(ii)		Yes	No
				dy of the supported organ			or with	рогоог	10 4000	11000 111	(")	11g(i)		
			-	scribed in (i) above?	nzadon	• • •						11g(ii)		
				son described in (i) or (ii) a	bove?							11g(iii)	_	
h		• •	• •	ut the supported organiz).								
	(i) Na	ame of supported	(ii) EIN	(iii) Type of organization	T	ls the	(v) Did v	ou notify	(vi)	s the	(vii) Amo	unt of	:
		organization		(described on lines 1-9	organi	zation in listed in	the orga	anization	organiz	zation in	`	supp		
				above or IRC section (see instructions)	your g	overning ment?		. (i) of upport?		rganized U.S.?				
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No				
<i></i>														
(A)														
/D)														
(B)														
(C)														
(C)														
(D)														
(0)														
(E)														
(-)														
Total														

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2007 **(b)** 2008 (d) 2010 (e) 2011 (c) 2009(f) Total Calendar year (or fiscal year beginning in) grants, contributions, membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3..... The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) % % 16a 331/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check b 331/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2011 Page **3**

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,583,406.	1,567,752.	1,666,781.	1,990,805.	2,621,270.	9,430,014.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	48,791,338.	58,675,378.	64,096,971.	67,302,790.	69,791,646.	308,658,123.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	50,374,744.	60,243,130.	65,763,752.	69,293,595.	72,412,916.	318,088,137.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	26,985,551.	31,350,698.	37,586,921.	40,172,642.	43,321,965.	179,417,777.
С	Add lines 7a and 7b	26,985,551.	31,350,698.	37,586,921.	40,172,642.	43,321,965.	179,417,777.
8	Public support (Subtract line 7c from						
	line 6.)						138,670,360.
	tion B. Total Support	() 0007	420000	() 0000	(1) 0040	() 0044	(0 T + 1
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	50,374,744.	60,243,130.	65,763,752.	69,293,595.	72,412,916.	318,088,137.
Iva	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources	1,171,468.	2,456,325.	2,454,129.	2,260,733.	86,500.	8,429,155.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b	1,171,468.	2,456,325.	2,454,129.	2,260,733.	86,500.	8,429,155.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)	499.					400
13	Total support. (Add lines 9, 10c, 11,	499.					499.
13	and 12.)	51,546,711.	62,699,455.	68,217,881.	71,554,328.	72,499,416.	226 617 701
14	First five years. If the Form 990 is for						326,517,791.
•	organization, check this box and stop here .	-			-	,	
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2011 (line 8,			nn (f))		15	42.47%
16	Public support percentage from 2010 Sche					16	44.32%
	tion D. Computation of Investmen				•	- 1	- ,,
17	Investment income percentage for 2011 (lin			3, column (f))		17	2.58%
18	Investment income percentage from 2010 S					18	2.94%
	331/3% support tests - 2011. If the org						
	17 is not more than 331/3%, check this						. \square
h			-	-			
U	331/3% support tests - 2010. If the orda	inization did not (check a box on li	ne 14 or line 19	a, and line 16 is	more than 331/3	%, and
b	331/3% support tests - 2010. If the orgal line 18 is not more than 331/3%, check						

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Schedule A (Form 990 or 990-EZ) 2011

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Schedule A (Form 990 or 990-EZ) 2011

Part IV

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

Schedule A (Form 990 or 990-EZ) 2011

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Employer identification number Name of the organization INTERNET CORP FOR ASSIGNED NAMES & NUMBERS 95-4712218 Organization type (check one): Filers of: Section: Χ Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total 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

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Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I	Contributors (see instructions). Use duplicate copies of Part	t I if additional space is need	led.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$309,523.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_		\$150,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$105,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 _		\$100,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 _		\$90,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 _		\$85,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Part I	Contributors ((see instructions).	. Use duplicate copies	of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 -		\$85,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _		\$70,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 _		\$55,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
Νο.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II if there is
No	Name, address, and ZIP + 4	\$50,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No	Name, address, and ZIP + 4	\$50,000. (c) Total contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.	Part I	Contributors (see ins	structions).	Use duplic	ate copies	of Part I if	additional	space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 13 _		\$45,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 14 _		\$ 44,175.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 15 _		\$40,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(a)	/ D
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II if there is
No	Name, address, and ZIP + 4	\$40,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 16 (a) No.	Name, address, and ZIP + 4	\$40,000. (c) Total contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Employer identification number 95-4712218

Part I	Contributors	(see	instructions).	Use	duplicate	copies	of Part I if	additional	space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 19 _		\$30,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 20 _		\$30,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 21 _		\$25,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(a)	/ D
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II if there is
No22	Name, address, and ZIP + 4	\$22,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No22 (a) No.	Name, address, and ZIP + 4	\$22,000. (c) Total contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

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Part I	Contributors ((see instructions).	. Use duplicate copies	of Part I if additional	space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 25 _		\$20,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 26 _		\$17,240.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 27 _		\$ <u>17,000</u> .	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(-)	/ IN
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II if there is
No28 (a)	Name, address, and ZIP + 4	\$15,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. _ 28 _ (a) No.	Name, address, and ZIP + 4	\$15,000. (c) Total contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.	

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 31 _		\$9,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 32 _		\$8,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 33 _		\$6,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	Name, address, and 2n + 4	\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 35		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 36 _		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Part I	Contributors ((see instructions).	. Use duplicate copies	of Part I if additional	space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 37 _		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 38 _		\$5 <u>,</u> 000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 39 _		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No. 40	Name, address, and ZIP + 4		
	Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II if there is
_ 40	(b)	\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
_ 40 _ (a)	(b)	\$5,000. (c) Total contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Name of organization INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number
95-4712218

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution _ 43 Χ Person **Payroll** 823,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (b) (d) (a) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.)

11165W 2020

Employer identification number

95-4712218

Part II	Noticasti Property (see instructions). Ose duplicate copies	of Fart if it additional space is flee	ueu.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

scriedule b	(FOIII 990, 990-EZ, OF 990-FF) (2011)			rage •				
Name of o	rganization INTERNET CORP FOR ASSI	GNED NAMES & NU	MBERS	Employer identification number				
				95-4712218				
Part III	Exclusively religious, charitable, etc.,	individual contribu	tions to section 5	01(c)(7), (8), or (10) organizations				
	that total more than \$1,000 for the year	•						
	For organizations completing Part III, e contributions of \$1,000 or less for the	nter the total of <i>excl</i> vear (Enter this info	<i>usively</i> religious, commation once. Se	charitable, etc., ee instructions \ ► \$				
	Use duplicate copies of Part III if addition							
(a) No.								
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(-) T						
		(e) Transfe	er of gift					
	Transferee's name, address, an	nd ZIP + 4	Relatio	nship of transferor to transferee				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
		_						
() 11								
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(a) Turnet						
		(e) Transfe	er of gift					
	Transferee's name, address, an	nd ZIP + 4	Relatio	nship of transferor to transferee				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
(a) Na								
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
Part I								
		(e) Transf	er of gift					
	Transferee's name, address, an	id ZIP + 4	Relatio	nship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
Part I	(b) Furpose or gift	(c) use	or grit	(u) Description of now gift is field				
		(e) Transfe	er of aift					
		(e) Transfer of gift						
	Transferee's name, address, an	nd ZIP + 4	Relatio	nship of transferor to transferee				

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

► See separate instructions.

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

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

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

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

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

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

INI	ERNET CORP FOR ASSIG	GNED NAMES & NUMBERS		95-47	12218
Pai	rt I-A Complete if the o	rganization is exempt under s	section 501(c) or i	s a section 527 organ	nization.
1 2 3	Political expenditures	organization's direct and indirect p		▶ \$	
Par		rganization is exempt under s			
1		cise tax incurred by the organizatio			
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
b	If "Yes," describe in Part IV.				
Pai		rganization is exempt under).
1		expended by the filing organization		•	
2	Enter the amount of the filir	ng organization's funds contributed	l to other organizati	ons for section	
3	Total exempt function expe	enditures. Add lines 1 and 2. En	ter here and on Fo	orm 1120-POL,	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses organization made payment the amount of political confidence.	and employer identification numb s. For each organization listed, en tributions received that were prom nd or a political action committee	er (EIN) of all section ter the amount paid aptly and directly de	on 527 political organiz I from the filing organiz livered to a separate po	ations to which the filing zation's funds. Also enter olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
	1514 4414			Calaaduul	- C (Farme 000 an 000 F7) 2044

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

Schedule C (Form 990 or 990-EZ) 2011

Sch	edule C (Form 990 or 990-EZ) 2011	INTERN	ET CORP	FOR ASSIGNED	NAMES & NUME	ERS 95-4	4712218 Page 2	
Pa	Complete if the or section 501(h)).	rganizati	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ection under	
A			_	•		rt IV each affiliated g	group member's	
_				I share of excess le				
В				oox A and "limited	control" provision	ns apply.	T	
			oying Expen eans amou	ditures nts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals	
1 a	Total lobbying expenditures to	influence	public opin	on (grass roots lobb	oying)			
b	, , ,				ng)			
С	3 1 1 1 1 1 1 1 1	ıdd lines 1	a and 1b) .					
d	and the second s	ditures						
е	the first transfer to the contract to the cont							
f	Lobbying nontaxable amount.	Enter the	amount from	m the following table	e in both			
	columns.		1					
	If the amount on line 1e, column	(a) or (b) is:	The lobbyir	g nontaxable amount	is:			
	Not over \$500,000		20% of the	amount on line 1e.				
	Over \$500,000 but not over \$1,00	00,000	\$100,000 pl	us 15% of the excess	over \$500,000.			
	Over \$1,000,000 but not over \$1,			us 10% of the excess				
	Over \$1,500,000 but not over \$17	7,000,000		us 5% of the excess of	ver \$1,500,000.			
_	Over \$17,000,000		\$1,000,000					
g								
h		If zero or le	ess, enter -0					
i	Subtract line 1f from line 1c. If	f zero or le	zero or less, enter -0-					
j								
_	reporting section 4911 tax for	this year?			<u> </u>		Yes No	
		ations tha umns belo	t made a se ow. See the	instructions for lin	on do not have to les 2a through 2f		ive	
		Lob	bying Expe	nditures During 4-Y	ear Averaging Per	riod	I	
	Calendar year (or fiscal year beginning in)	(a) 2	2008	(b) 2009	(c) 2010	(d) 2011	(e) Total	
2 a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column (e))							
С	Total lobbying expenditures							
d	Grassroots nontaxable amount							
е	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2011

JSA 1E1265 1.000

art II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	tiled	d For	m 5/6	58	
For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description		1)		(b)	
the lobbying activity.	Yes	No		Amoun	t
During the year, did the filing organization attempt to influence foreign, national, state or local					
legislation, including any attempt to influence public opinion on a legislative matter or					
referendum, through the use of:					
volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?		X			
Mailings to members, legislators, or the public?		X			
Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?		Х			
Grants to other organizations for lobbying purposes?		Х			
Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			5	68,96
n Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
Other activities?		Х			
Total. Add lines 1c through 1i				5	68,96
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912		-			
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Х			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)		ectio		
501(c)(6).	-/(-/	,			
				Y	es No
Were substantially all (90% or more) dues received nondeductible by members?				1	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
Did the organization agree to carry over lobbying and political expenditures from the prior year?				3	
art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" C answered "Yes."	, , ,				is
Dues, assessments and similar amounts from members			1		
Section 162(e) nondeductible lobbying and political expenditures (do not include amount					
political expenses for which the section 527(f) tax was paid).					
a Current year			2a		
b Carryover from last year			2b		
c Total			2c		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion			3		
excess does the organization agree to carryover to the reasonable estimate of nondeductible lo					
and political expanditure part year?	-	_	4		
Taxable amount of lobbying and political expenditures (see instructions)			5		
art IV Supplemental Information					
omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line	5: Pa	rt II-A:	and F	Part II-B.	line
Also, complete this part for any additional information.	,	,		,	
EE PAGE 4					

Schedule C (Form 990 or 990-EZ) 2011

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Part IV **Supplemental Information** (continued)

LOBBYING EXPENDITURES

SCHEDULE C, PART II-B

THE ORGANIZATION UTILIZED THE SERVICES OF TWO GOVERNMENT AFFAIRS FIRMS DURING THE YEAR ENDED JUNE 30, 2012. AS PART OF THE SERVICES PROVIDED, THE GOVERNMENT AFFAIRS FIRMS INCURRED \$536,318 OF LOBBYING EXPENDITURES.

FURTHER, TEN PERCENT OF JAMES HEDLUND'S TIME WAS ATTRIBUTED TO LOBBYING ACTIVITIES AS REPORTED ON FORM LD1. AMOUNTS REPORTED ON LD1 ARE NOT INCLUDED ON SCHEDULE C PART II-B, BUT ARE INCLUDED ON FORM 990, PART IX, LINE 5.

Schedule C (Form 990 or 990-EZ) 2011

11165W 2020

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Nam	e of the organization			Employer identification number
IN	TERNET CORP FOR ASSIGNED NAMES & NUM	BERS		95-4712218
Pa	rt I Organizations Maintaining Donor Advious organization answered "Yes" to Form 9		Similar Funds of	or Accounts. Complete if the
		(a) Donor advis	sed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that	the assets held i	in donor advised
6	funds are the organization's property, subject to the Did the organization inform all grantees, donors, ar		_	
	only for charitable purposes and not for the benefi	t of the donor or donor	advisor, or for ar	ny other purpose
	conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if	the organization ans	wered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	organization (check all	that apply).	
	Preservation of land for public use (e.g., recre	eation or education)	Preservation	of an historically important land area
	Protection of natural habitat		Preservation	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conserva	ation contribution	in the form of a conservation
	easement on the last day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified			. 2c
d	Number of conservation easements included in (c)	•		
_	historic structure listed in the National Register			
3	Number of conservation easements modified, tran tax year ▶	sferred, released, extir	nguished, or term	inated by the organization during the
4	Number of states where property subject to conse	rvation easement is loca	ated ▶	
5	Does the organization have a written policy regard	ing the periodic monito	ring, inspection, h	nandling of
	violations, and enforcement of the conservation ea	sements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, in	specting, and enforcin	g conservation ea	asements during the year
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing cor	nservation easem	ents during the year
	> \$			
8	Does each conservation easement reported on line (i) and section 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports	conservation easemer	nts in its revenue a	and expense statement, and
	balance sheet, and include, if applicable, the text of		ganization's finar	ncial statements that describes the
	organization's accounting for conservation easeme			
Pa	rt III Organizations Maintaining Collections Complete if the organization answered	of Art, Historical Tr "Yes" to Form 990, F	easures, or Oth Part IV, line 8.	er Similar Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide, in Part XIV, the text of the form	FAS 116 (ASC 958), n ar assets held for pub potnote to its financial s	ot to report in its lic exhibition, ec statements that de	s revenue statement and balance shee ducation, or research in furtherance of escribes these items.
b	If the organization elected, as permitted under sworks of art, historical treasures, or other similar public service, provide the following amounts relations.	er assets held for pub ng to these items:	olic exhibition, ec	lucation, or research in furtherance o
	(i) Revenues included in Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of a	t, historical treasures,	or other similar	assets for financial gain, provide the
	following amounts required to be reported under S	,	-	
а	Revenues included in Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			▶ \$

Schedule D (Form 990) 2011 Page **2**

Par	t III Organizations Maintaining Colle	ections of	Art, Hist	orical Tre	easures	s, or	Other	Similar Asse	ets (co	ontinued	d)
3	Using the organization's acquisition, access	sion, and o	other reco	ords, chec	k any o	of the	follow	ring that are a	signi	ficant us	se of its
	collection items (check all that apply):										
а	Public exhibition		d	Loa	an or ex	chan	ge prog	ırams .			
b	Scholarly research		e	Oth	ner						
С	Preservation for future generations	}									
4	Provide a description of the organization's		and exp	lain how	thev fur	rther	the or	ganization's ex	empt	purpose	in Part
	XIV.				, ,		•				
5		or receive o	donations	of art. hist	orical tr	easu	es. or o	other similar			
	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? • • • • • • • • • • • • • • • • • • •										
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV,										
ı uı	line 9, or reported an amount on Form 990, Part X, line 21.										
			-,,								
1a	Is the organization an agent, trustee, custod	ian or othe	r intermed	liary for co	ntributi	ons c	or other	assets not			
·u	included on Form 990, Part X?			-						Yes	No
b									• _		
D	11 103, explain the arrangement in rate XIV	Yes," explain the arrangement in Part XIV and complete the following table:				Amou	ınt				
С	Beginning balance					1 c		711100	<i>.</i>		
4	Additions during the year					1d					
u	Distributions during the year					_					
e e	Ending balance										
2-	=					$\overline{}$				Vaa	N.
2a	Did the organization include an amount on I		rant A, iii k	21!						Yes	No
	If "Yes," explain the arrangement in Part XIV		ization o		"\/oo" t	о Го	OO	Dort IV line	. 10		
Par			1					(d) Three years b		(e) Four y	
1.		rrent year	(b) Pr	or year	(c) Tw	o year	S DACK	(a) Three years i	Dack	(e) Four y	ears back
1a	Beginning of year balance Contributions								_		
b									_		
С	Net investment earnings, gains, and losses										
اء									_		
a	Grants or scholarships										
е	Other expenditures for facilities .										
_	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur			e (line 1g	, column	ı (a))	held as	:			
a	Board designated or quasi-endowment \blacktriangleright _		_%								
b	Permanent endowment • %										
С	Temporarily restricted endowment ▶										
_	The percentages in lines 2a, 2b, and 2c sho										
3 a	Are there endowment funds not in the poss	ession of th	ne organiz	ation that	are hel	d and	l admir	istered for the			
	organization by:									$\overline{}$	es No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" to 3a(ii), are the related organization		-							3b	
4	Describe in Part XIV the intended uses of the										
Par	t VI Land, Buildings, and Equipment	See Forr	n 990, Pa	art X, line	10.						
	Description of property		other basis		or other ba	asis		cumulated	(d)	Book value	е
		(inves	tment)	(c	other)		depr	eciation			
1 a	Land										
b	Buildings										
С	Leasehold improvements				468,17			65,578.			2,599.
d	Equipment			8,8	332,66	64.	5,3	74,064.		3,458	3,600.
е	Other				425,76	_					765.
Tota	I. Add lines 1a through 1e. (Column (d) musi	equal Forn	n 990, Pa r	t X, columi	n (B), Iin	ne 10((c).)	▶		5,786	5,964.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 Page 3

Ochicadic D (i	0111 000) 2011			i age 🕻
Part VII	Investments - Other Securities. Se	e Form 990, Part X, line	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method o Cost or end-of-ye	
(1) Financia	al derivatives			
	-held equity interests			
(A)				
(B)				
<u>(C)</u>				
<u>(D)</u>				
<u>(E)</u> (F)				
(i_) (G)				
(H)				
<u>\(\frac{1}{2}\)</u>				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII	Investments - Program Related. Se	e Form 990, Part X, lin	e 13.	
	(a) Description of investment type	(b) Book value	(c) Method o Cost or end-of-ye	
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX	Other Assets. See Form 990, Part	X, line 15.		
		(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 15.) .			. ▶
Part X	Other Liabilities. See Form 990, Pa	art X, line 25.		
1.	(a) Description of liability	(b) Book valu	<u>e</u>	
	ral income taxes			
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line	25.)		
2. FIN 48 (ASC 740) Footnote. In Part XIV. provide	the text of the footnote to	the organization's financial sta	tements that reports the

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

JSA 1E1270 1.000 Schedule D (Form 990) 2011 Page **4**

Conoda	6 B (1 dim 660) 2011			i ago i
Part	T 1 1 (5 000 B 1) (1) (1) (1) (1)		S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-	70,147,280.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	+	69,576,791.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	+	570,489.
4	Net unrealized gains (losses) on investments	4	+	<u>3,671,191</u> .
5	Donated services and use of facilities	5		
6	Investment expenses	6	+	
7 8	Prior period adjustments Other (Describe in Part XIV.)	7		
9	Other (Describe in Part XIV.) Total adjustments (net). Add lines 4 through 8	9	+	-799,680. 2,871,511.
10		10	+	3,442,000.
Part				3,442,000.
1	Total revenue, gains, and other support per audited financial statements	ui ii	1	73,819,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	•	13/013/000.
– a	Net unrealized gains on investments 2a 3,671,19	1.		
b	Donated services and use of facilities 2b			
С	Recoveries of prior year grants 2c	\exists		
d	Other (Describe in Part XIV.) 2d 52	9.		
е	Add lines 2a through 2d	\neg	2e	3,671,720.
3	Subtract line 2e from line 1		3	70,147,280.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	70,147,280.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	etur	'n	
1	Total expenses and losses per audited financial statements	. L	1	70,377,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a	_		
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIV.) 2d 800,20	9.		
е	Add lines 2a through 2d	.	2e	800,209.
3	Subtract line 2e from line 1	•	3	69,576,791.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	_		
	Other (Describe in Part XIV.) Add lines 4a and 4b	\dashv		
с 5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line 18.</i>)	• -	4c	69,576,791.
$\overline{}$	XIV Supplemental Information	•	5	09,370,791.
Comp Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complibilitional information.	rt IV ete	, lines this p	s 1b and 2b; part to provide
SEE_	PAGE 5			

Part XIV Supplemental Information (continued)

ASC 740-10 FOOTNOTE

SCHEDULE D, PART X, LINE 2

ICANN, UNDER THE PROVISIONS OF ASC 740, INCOME TAXES, HAD NO UNCERTAIN

TAX POSITIONS REQUIRING ACCRUAL AS OF JUNE 30, 2012 AND 2011

RECONCILIATION OF CHANGE IN NET ASSETS FROM FORM 990 TO AFS

SCHEDULE D, PART XI, LINE 8

\$(800,209) - UNREALIZED GAIN/LOSS ON FOREIGN EXCHANGE

\$ 529 - ROUNDING

\$(799,680) - TOTAL

RECONCILIATION OF REVENUE PER AFS WITH REVENUE PER RETURN

SCHEDULE D, PART XII, LINE 2D

\$529 - ROUNDING

RECONCILIATION OF EXPENSES PER AFS WITH EXPENSES PER RETURN

SCHEDULE D, PART XIII, LINE 2E

\$800,209 - UNREALIZED GAIN/LOSS ON FOREIGN EXCHANGE

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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047 **Open to Public** Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

95-4712218 INTERNET CORP FOR ASSIGNED NAMES & NUMBERS General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Part I

	Form 990, Part IV, line 14	4b.				
1	For grantmakers. Does the orga	nization mainta	in records to s	substantiate the amount of	f its grants and other	
	assistance, the grantees' eligibili	ty for the grant	s or assistance	e, and the selection criteri	a used to award the	
	grants or assistance?	-				X Yes No
2	For grantmakers. Describe in	Part V the ord	nanization's ni	ocedures for monitoring	the use of its grants a	and other
_	assistance outside the United Sta		gamzanon o pi	occurred for mornioning	the dee of he grante c	and other
	assistance outside the officed Sta	163.				
3	Activities per Region. (The follow	vina Part I lina	3 table can be	duplicated if additional er	aco is pooded)	
<u> </u>	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is	(f) Total
	(a) Region	offices in the region	employees, agents, and independent contractors in region	region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	a program service, describe specific type of service(s) in region	expenditures for and investments in region
(1)	CENTRAL AMERICA/CARIBBEAN		138.	PROGRAM SERVICES	SEE FORM 990 PART III	3,065,192.
						, ,
(2)	EAST ASIA AND THE PACIFIC	1.	19.	PROGRAM SERVICES	SEE FORM 990 PART III	2,786,317.
\-',	Z.O. HOLL MAD THE LACIFIC	1.	13.	THOUSERT OBKVIOLO	ODD TORRY JOU LART III	2,100,311.
(3)	HUDODE		1.50	DDOODAM CEDUTCES	CDE BODY COO PART TO	7 100 100
(3)	EUROPE	1.	150.	PROGRAM SERVICES	SEE FORM 990 PART III	7,183,489.
(4)						
(4)	MIDDLE EAST AND NORTH AFRICA		5.	PROGRAM SERVICES	SEE FORM 990 PART III	361,265.
(5)	NORTH AMERICA		19.	PROGRAM SERVICES	SEE FORM 990 PART III	981,262.
(6)	RUSSIA/INDEPENDENT STATES		4.	PROGRAM SERVICES	SEE FORM 990 PART III	44,804.
(7)	SOUTH AMERICA		9.	PROGRAM SERVICES	SEE FORM 990 PART III	224,421.
(8)	SOUTH ASIA		7.	DDOCDAM CEDUTCEC	CEE FORM OOG PARE III	F1 100
(0)	SOUTH ASIA		/ •	PROGRAM SERVICES	SEE FORM 990 PART III	51,162.
(0)						
(9)	SUB-SAHARAN AFRICA		135.	PROGRAM SERVICES	SEE FORM 990 PART III	3,561,166.
(10)						
(11)						
(12)						
(13)						
, ,						
(14)						
(,						
(15)						
(13)						
(40)						
(16)						
(17)						
3a	Sub-total	2.	150.			18,259,078.
b	Total from continuation					
	sheets to Part I					
С	Totals (add lines 3a and 3b)	2.	150.			18,259,078.
	(100.			,,

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

Schedule F (Form 990) 2011

INTERNET	INTERNET CORP FOR ASSIGNED NAMES & NUMBERS
Schedule F	Schedule F (Form 990) 2011
Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶
	Part II can be duplicated if additional space is needed.

	_	_							
(a) Name of organization	(b) IF section (if ap	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	CONGO MEETIN SPONSORSHIP	5,361.	WIRE/CASH			
(2)			EUROPE/ICELAND/GREENLAND	SPONSORSHIPS	56,842.	WIRE/CASH			
(6)				IETF 84					
(5)			SUB-SAHARAN AFRICA	SPONSORSHIP	10,000.	WIRE/CASH			
(4)			SOUTH AMERICA	2011 LACNOG SPONSORSHIP	7,000.	WIRE/CASH			
į				AFRICA FORUM					
(5)			SUB-SAHARAN AFRICA	SPONSORSHIP	7,500.	WIRE/CASH			
;				LACTLD WORKS					
(9)			SOUTH AMERICA	SPONSORSHIP	6,000.	WIRE/CASH			
į				AFRICA DIGI.					
(7)			SUB-SAHARAN AFRICA	SPONSORSHIP	10,000.	WIRE/CASH			
(LATIN AMERIC					
(8)			CENT. AMERICA/CARIBBEAN	SPONSORSHIP	7,500.	WIRE/CASH			
(GITEX TECH					
(6)			MIDDLE EAST/NORTH AFRICA	WEEK SPONSOR	6,991.	WIRE/CASH			
				DNS MEETING					
(10)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP	24,368.	WIRE/CASH			
				IGF PROJECT					
(11)			SUB-SAHARAN AFRICA	SPONSORSHIP	103,870.	WIRE/CASH			
(12)			FIIRO DE / TOET AND / GREENT AND	IISI GARMISH	0	WTRF /CASH			
				EURODIG CONF					
(13)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP	6,280.	WIRE/CASH			
(14)									
(15)									
(16)									

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

1E1275 1.000

JSA

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Schedule F (Form 990) 2011

Page 3

Schedule F (Form 990) 2011

Part III

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FELLOWSHIP PROGRAM	EUROPE/ICELAND/GREENLAND	11.	4,800.	WIRE/CASH	25,389.	AIRFARE/LODG	ACTUAL EXP.
(2) FELLOWSHIP PROGRAM	EAST ASIA/PACIFIC	5.	2,200.	WIRE/CASH	29,495.	AIRFARE/LODG	ACTUAL EXP.
(3) FELLOWSHIP PROGRAM	MIDDLE EAST/NORTH AFRICA	. 9	2,800.	WIRE/CASH	19,508.	AIRFARE/LODG	ACTUAL EXP.
(4) FELLOWSHIP PROGRAM	CENT. AMERICA/CARIBBEAN	10.	4,800.	WIRE/CASH	35,250.	AIRFARE/LODG	ACTUAL EXP.
(5) FELLOWSHIP PROGRAM	SOUTH AMERICA	12.	5,200.	WIRE/CASH	34,321.	AIRFARE/LODG	ACTUAL EXP.
(6) FELLOWSHIP PROGRAM	SOUTH ASIA	7.	3,400.	WIRE/CASH	24,041.	AIRFARE/LODG	ACTUAL EXP.
(7) FELLOWSHIP PROGRAM	SUB-SAHARAN AFRICA	23.	10,700.	WIRE/CASH	74,272.	AIRFARE/LODG	ACTUAL EXP.
(8) FELLOWSHIP PROGRAM	RUSSIA	. 4	1,400.	WIRE/CASH	8,170.	AIRFARE/LODG	ACTUAL EXP.
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2011

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

Schedule F (Form 990) 2011

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Part V Supplemental Information

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

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

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

FELLOWSHIPS ARE AWARDED BY AN INDEPENDENT SELECTION COMMITTEE BASED ON A MIX OF CRITERIA INCLUDING APPLICANT EXPERIENCE AND REFERENCES, GEOGRAPHIC PROXIMITY TO MEETING, RECEIPT OF PAST FELLOWSHIPS, ETC. ICANN STAFF AND THE SELECTION COMMITTEE HAVE MAINTAINED A RULE THAT INDIVIDUALS MAY NOT RECEIVE THIS GRANT OF SUPPORT MORE THAN THREE TIMES.

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

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

Part V Supplemental Information

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

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

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

DURING THE TWELVE MONTHS ENDED JUNE 30, 2012, ICANN PAID \$285,746 TO

ALLOW SEVENTY-EIGHT (78) FELLOWSHIP PARTICIPANTS TO ATTEND THREE ICANN

PUBLIC MEETINGS.

ICANN ALSO PROVIDES TRAVEL SUPPORT TO OTHER MEMBERS OF THE VOLUNTEER

COMMUNITY TO FACILITATE POLICY DEVELOPMENT EFFORTS AND OUTREACH IMPORTANT

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

SPECIFIC CRITERIA ESTABLISHED BY EACH STAKEHOLDER/CONSTITUENCY GROUP.

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

EXPENSES IN PART II, STATEMENT OF FUNCTIONAL EXPENSES.

FOR OTHER CONTRIBUTIONS, ICANN GLOBAL PARTNERSHIPS STAFF (NOW STAKEHOLDER ENGAGEMENT STAFF) DEVELOP REQUESTS BASED UPON ICANN'S STRATEGIC PLAN AND ICANN'S OPERATING PLAN. SPECIFIC NEEDS WITHIN SPECIFIC REGIONS OF THE WORLD ARE CONSIDERED. ICANN EXECUTIVES REVIEW THE LIST OF SUGGESTED

Schedule F (Form 990) 2011

Part V Supplemental Information

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

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

SUPPLEMENTAL INFORMATION

SCHEDULE F, PART I, LINE 3

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

ARE THE SYDNEY, AUSTRALIA AND BRUSSELS, BELGIUM ICANN OFFICES. THE

NUMBER OF PEOPLE IN EACH REGION SHOWN IN PART I LINE 3(C) OF SCHEDULE F

INCLUDES THOSE EMPLOYEES, AGENTS, AND INDEPENDENT CONTRACTORS ("STAFF")

WORKING FOR ICANN IN EACH REGION AND THE NUMBER OF STAFF ATTENDING DAKAR,

SENEGAL (135), SAN JOSE, COSTA RICA (138), AND PRAGUE, CZECH REPUBLIC

(150) INTERNATIONAL MEETINGS DURING FISCAL YEAR 2012. IN ADDITION, AN

ESTIMATE OF THOSE OFFICERS AND OTHER EXECUTIVES WHO VISITED EACH REGION

WAS INCLUDED.

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

- A. THE AMOUNTS PAID (FOR COMPENSATION, TRAVEL REIMBURSEMENT, AND OTHER COSTS AND EXPENSES) FROM THE US ACCOUNTS PAYABLE DEPARTMENT APPLICABLE TO THE REGION;
- B. ALL COSTS ASSOCIATED WITH THE THREE ANNUAL PUBLIC MEETINGS (I.E. DAKAR, SENEGAL, SAN JOSE, COSTA RICA, AND PRAGUE, CZECH REPUBLIC FOR FISCAL YEAR 2012);

Part V Supplemental Information

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

- C. AMOUNTS EXPENDED TO FUND THE SYDNEY, AUSTRALIA AND BRUSSELS, BELGIUM BRANCH OFFICES AND PERSONNEL COSTS INCLUDING OFFICE EXPENSES, TRAVEL RELATED AND OTHER EXPENSES PAID BY THE US ACCOUNTS PAYABLE DEPARTMENT;

 D. ALL PAYMENTS MADE TO INTERNATIONAL BASED EMPLOYEES AND CONTRACTORS WERE RECORDED IN US DOLLARS.
- E. ESTIMATES OF TRAVEL COSTS ASSOCIATED WITH THOSE EXECUTIVES WHO TRAVEL FREQUENTLY WERE MADE AND THOSE ESTIMATED COSTS WERE ALLOCATED BY REGION.

 ESTIMATE WAS BASED ON ACTUAL BOOKED FLIGHTS EXCLUDING AMOUNTS OTHERWISE INCLUDED IN THE ACCOUNTING OF THE THREE PUBLIC MEETINGS IN DAKAR,

 SENEGAL, SAN JOSE, COSTA RICA, AND PRAGUE, CZECH REPUBLIC.
- F. NOTE THAT PROFESSIONAL SERVICE PROVIDERS AND OTHER COMPARABLE VENDORS ARE NOT TREATED AS AGENTS FOR THIS PURPOSE.

STATEMENT OF ACTIVITIES OUTSIDE THE UNITED STATES

SCHEDULE F, PART I, LINE 3

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

THE ACTIVITIES PER REGION IN LINE 3 REPRESENT THE NUMBER OF REGIONS

TRAVELLED TO BY EACH PERSON, WHICH MAY BE MORE THAN ONE REGION PER

PERSON.

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Questions Regarding Compensation

Employer identification number

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS 95-4712218

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
L	If any of the haves on line to are checked did the agreemention follows a written nation recording neumant			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director. Explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
2	organization or a related organization: Peccive a severance payment or change of control payment?	4a		X
a	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
D	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		21
	The to any of lines 40 of list the persons and provide the applicable amounts for each item in rait in.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2011

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/		or 1099-MISC compensation	bac tacamerite (1)	oldoxotack (a)	(E) Total of ordinary	(E) Composition
(A) Name	1	(i) Base compensation		(iii) Other reportable compensation	ompensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
ROD RECKSTROM	€ €	747,500.	156,000.		31,324.	26,848.	961,672.	
1001	E E	366,300.	75,073.		28,750.	25,548.	495,671.	
2 AKRAM ATALLAH	€	0	0 0 0 0 0 0 0 0 0 0)		0	: 	0
	ε	312,771.	78,553.		11,316.	24,348.	426,988.	0
3 JOHN JEFFREY	€					0		0
	Ξ	307,577.	59,410.		30,345.	24,348.	421,680.	0
4 KURT PRITZ	€							0
	Ξ	167,134.	29,469.) 	20,293.	19,618.	236,514.	0
5 STEVE ANTONOFF	(ii)	0	0)	0	0	9	0
RARRARA CT.AV	€ €	228,388.	61,596.		33,000.	8,911.	331,895.	
	€ €	196.333.	54.426.		32.500	17.330.	77 00 00	
7 ELISE GERICH	: (2	!	0)) 	0 0
	ε	201,083.	36,565.		27,690.	24,348.	289,686.	0
8 DANIEL HALLORAN	€)		İ	 	0
	ε	256,792.	67,189.		12,873.	26,603.	363,457.	0
9 JAMES HEDLUND	€					0	 	0
	Ξ	237,500.	65,252.		33,250.	24,103.	360,105.	0
10 DAVID OLIVE	€					0	 	0
	ε	222,604.	39,626.	0	30,279.	24,348.	316,857.	0
11MICHAEL SALAZAR	(ii)	0	0)	0	0	9	0
	Ξ	222,508.	41,202.	0	27,966.	8,911.	300,587.	0
12 AMY STATHOS	Œ		0		0	0		0
	Ξ	212,500.	40,455.	0	45,997.	23,302.	322,254.	0
13 ELIZABETH GASSTER	(ii)	0	0)	0	0		0
	Ξ	211,042.	59,272.	0	32,487.	26,848.	329,649.	0
14 DENISE MICHEL	Œ	0	0)	0	0	5	0
	Ξ	195,258.	37,615.	0	28,571.	26,598.	288,042.	0
15 MARGARET MILAM	Œ.	0	0		0	0	0	0
	Ξ	247,745.	14,522.	0	30,393.	35,908.	328,568.	0
16 OLOF NORDLING	Œ)	0	0)	0	0	Ω.	0
							Sch	Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

ation other deferred benefits (B)(0+(D)) in the compensation benefits (B)(0+(D)) or compensation benefits (B)(0+(D)) o			(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
TIMOTHY COLE 0 1364,100 31,789 0 41,128 8,737 265,772 KEVIN WILSON 0 7,054 13,146 103,594 7,884 1,263 132,941 MINDOW 0 7,054 13,146 103,594 7,884 1,263 132,941 MINDOW 0 10 10 10 10 10 10 10 MINDOW 0 10	(A) Name	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	reported as deferred in prior Form 990
Manufaction Mathematical Mathe		ε	184,100.			41,128	8,737.	265,752.	0
KEVIN MILSON (b)		€)	 	 	: 	0	0	0
KENTIN MILSON (a) (b) (c) <		Ξ	7,054	13,146	103,594	7,884	1,263.	32,941	0
10 10 10 10 10 10 10 10		€	- 		 	 	0	 	0
		ε							
10	ო	€		 	 	 	 	 	
(b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		ε			į i				
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10		Ξ		İ	i				
	5	Œ.							
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10 10 10 10 10 10 10 10	9	Œ							
(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		Ξ							
10	7	(ii)							
(ii) (iii) (Ξ		į					
	8	€							
(ii) (iii) (ε	i	į					
(ii) (iii) (6	€							
(ii) (iii) (ε	 	 		 	1 1 1	 	
(ii) (ii) (iii) (i	10	€							
(ii) (iii)		Ξ	 	 	 	 	 	 	
(ii) (iii) (11	€							
(ii) (ii) (iii) (iiiii) (iiiiiiii		Ξ	 	 	 		 	 	
(ii) (iii) (12	(iii)							
(i) (ii) (ii) (iii)	Ξ		 						
(i) (ii) (ii) (iii)	13	Œ.							
(ii) (iii) (iii)		Ξ	 	 	 	 	 	 	
(ii) (iii) (iii)	14	€							
(i) (ii)		ε		 		 		 	
(ii)	15	(iii)							
(ii)		Ξ		İ		 		 	
	16	(ii)							

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Schedule J (Form 990) 2011

Part III Supplemental Information

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

SUPPLEMENTAL COMPENSATION INFORMATION

AMOUNTS LISTED IN PART VII OF FORM 990 AND SCHEDULE J REPRESENT AMOUNTS

FOR THE 2011 CALENDAR YEAR

BENEFIT OPTIONS ARE THE SAME FOR ALL EMPLOYEES.

LINE 1A PART I, SCHEDULE J, NO HOUSING ALLOWANCES WERE PROVIDED DURING CALENDAR 2011.

COMPANION TRAVEL:

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

FIRST CLASS TRAVEL:

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

 $^{\mathrm{L}}$ DUE WAS REQUIRED, TRAVEL WAS THE TIME THE ΑT THE LOWEST FARE AVAILABLE

A MEDICAL CONDITION, OR WAS PERMITTED UNDER ICANN'S TRAVEL POLICY WHERE

BUT WAS AUTOMATICALLY THE SELECTION OF BUSINESS CLASS WAS ALLOWED,

THE AIRLINE ON A TWO-CLASS PLANE CLASS BY FIRST CHANGED TO Schedule J (Form 990) 2011

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Part III Supplemental Information

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

THESE AMOUNTS WERE FOR BUSINESS PURPOSES AND WERE NOT REPORTED AS INCOME

ON THE EMPLOYEES' W-2S.

SCHEDULE J, PART I, LINE

REGARDING BONUSES

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

REMUNERATION PROVIDED IS COMPETITIVE GLOBALLY AND THAT IT PROVIDES STAFF

WITH APPROPRIATE MOTIVATION FOR HIGH PERFORMANCE TOWARDS AGREED

OBJECTIVES. THIS FRAMEWORK IS DESCRIBED IN DETAIL WITHIN THE DOCUMENT

ENTITLED ICANN REMUNERATION

HTTP://www.ICANN.ORG/EN/ABOUT/FINANCIALS/REMUNERATION-PRACTICES-FY13-15SEP

12-EN.PDF

Н PART **,** SCHEDULE

ICANN'S OVERALL COMPENSATION PHILOSOPHY IS TO TARGET COMPENSATION BETWEEN

TO ATTRACT AND RETAIN THE OF THE MARKET, 75TH PERCENTILE THE 50TH AND

THIS PHILOSOPHY IS THAT ICANN'S OF DRIVING ELEMENT THE RIGHT STAFF.

MARKET-BASED SI COMPENSATION Schedule J (Form 990) 2011

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Part III Supplemental Information

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

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

BASE RATES DECEMBER 2011, IN ADDITION, EXCHANGE RATE U.S. DOLLAR DOMINATED COMPENSATION OF ICANN'S BELGIUM TAX BASED COUNTERPARTS THE N TO DIFFERENCES THE 31 DIFFERENT EMPLOYMENT MARKET THAN THAT OF BELGIUM, WHERE ICANN HAS FOUR EMPLOYEES AS OF DOLLAR EQUIVALENCE BELGIUM BASED STAFF IS HIGHER THAN THEIR U.S. BELGIUM ARE HIGHER DUE AND OTHER FACTORS SUCH AS MEDICAL PROGRAMS. FIUCTUATIONS ALSO AFFECT THE U.S. THE U.S. RATES IN Ø STAFF. THEREFORE, QUITE COMPENSATION REPRESENTS NOTABLY,

COLUMN C II, PART **,** SCHEDULE

EMPLOYEES LISTED ON REPORTED WAS DETERMINED THAT THE ORGANIZATION UNDER-REPORTED THAT WAS NOT FOR ORGANIZATION MAKES DEFERRED COMPENSATION FOR THOSE THE CONTRIBUTION THE COMPENSATION THAT (C) COLUMN THE II, H SMALL PORTION OF PART DEFERRED YEAR **,** DURING THE SCHEDULE THE WAS Schedule J (Form 990) 2011

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Part III Supplemental Information

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

ELIGIBLE EMPLOYEES. THIS IS EQUAL TO 5% OF THE EMPLOYEE'S ELIGIBLE

COMPENSATION, AS DEFINED BY THE 401(K) PLAN, AND SUBJECT TO MAXIMUM

BEEN THIS AMOUNT HAS THE 990; THIS WAS ONLY A REPORTING ISSUE IN LIMITS.

DOCUMENTED ELSEWHERE AS DEFERRED COMPENSATION, AS IT IS INTENDED.

FOLLOWING IS THE SUMMARY OF THE AMOUNT BY WHICH THE CONTRIBUTIONS WERE

UNDER-REPORTED ON THE FORM 990, RESPECTIVELY, FOR THE YEARS ENDED

6/30/2009, 6/30/2010 AND 6/30/2011.

FORM 990 FOR THE FISCAL YEAR ENDING 30 JUNE 2009,

COMPENSATION FOR THE CALENDAR YEAR ENDING 31 DECEMBER 2008

DEFFERED COMPENSATION

NAME AMOUNT UNDER-REPORTED

DOUGLAS BRENT - 1,824

JOHN JEFFREY - (479)

PAUL LEVINS - 2,364

KURT PRITZ - 4,593

KEVIN WILSON - (0)

Schedule J (Form 990) 2011

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Schedule J (Form 990) 2011

Part III Supplemental Information

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

STEVE ANTONOFF - 651

DAVID CONRAD - 1,875

DENISE MICHEL - 1,396

AMY STATHOS - 1,217

THERESA SWINEHART - 506

ELIZABETH GASSTER - 929

DANIEL HALLORAN - 1,000

JOHN CRAIN - 989

FORM 990 FOR THE FISCAL YEAR ENDING 30 JUNE 2010,

COMPENSATION FOR THE CALENDAR YEAR ENDING 31 DECEMBER 2009

DEFERRED COMPENSATION

NAME AMOUNT UNDER-REPORTED

ROD BECKSTROM - 14,063

DOUGLAS BRENT - 13,438

JOHN JEFFREY - 12,250

PAUL LEVINS - 13,756

KURT PRITZ - 11,409

Schedule J (Form 990) 2011

JSA

Schedule J (Form 990) 2011

Page 3

Part III Supplemental Information

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

3,855 KEVIN WILSON -

STEVE ANTONOFF - 6,669

DAVID CONRAD - 12,250

9,750 ı DENISE MICHEL

AMY STATHOS - 11,551

THERESA SWINEHART - 10,375

4,010 ELIZABETH GASSTER

MARGARET MILAM - 8,259

FORM 990 FOR THE FISCAL YEAR ENDING 30 JUNE 2011,

COMPENSATION FOR THE CALENDAR YEAR ENDING 31 DECEMBER 2010

DEFERRED COMPENSATION

AMOUNT UNDER-REPORTED

NAME

9,074 ı STEVE ANTONOFF

- 1,397 AKRAM ATALLAH

- 12,250 ROD BECKSTROM

DOUG BRENT - 12,106

9,227 I BARBARA CLAY Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

Part III Supplemental Information

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

DAVID CONRAD - 7,515

TINA DAM - 5,820

ELIZABETH GASSTER - 6,088

ELISE GERICH - 7,753

DANIEL HALLORAN - 10,346

JAMES HEDLUND - 12,250

JOHN JEFFREY - 12,250

DENISE MICHEL - 32,548

MARGARET MILAM - 10,581

DAVID OLIVE - 6,571

KURT PRITZ - 11,333

MICHAEL SALAZAR - 11,938

AMY STATHOS - 11,656

THERESA SWINEHART - 1,600

KEVIN WILSON - 5,079

Schedule J (Form 990) 2011

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PAGE

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No. 1545-0047 **Open To Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

TI. 1	BIGGET COIG FOR HOOFCHED WHILE G	1,01101	100			I	20	1 / 1				
Part	Excess Benefit Transactions (section Complete if the organization answered to the complete if the organization and the complete if the organization and the complete if the organization and the complete if the organization and the complete if the organization and the complete if the organization and the complete if the organization and the complete if the organization and the complete if the complete if the organization and the complete if the organization and the complete if the comple							Z, Pa	rt V, liı	ne 40l	b.	
1	(a) Name of disqualified person			(b) Descripti	on of tran	saction	ļ			-	Corrected?
(1)			+								16	SNO
(2)												
(3)												
(4)												
(5)												
(6)												
3	Enter the amount of tax imposed on the organized under section 4958								\$_ \$_			
Part	Loans to and/or From Interested F Complete if the organization answered			n 990, Part IV, line 2	26, or Forn	n 990-EZ	, Part	V, line	38a.			
	(a) Name of interested person and purpose	1	n to or from anization?	(c) Original principal amount	(d) Bala	nce due	(e) In (default?	(f) App by boo	ard or	(g) W agreer	
		То	From				Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6) (7)												
(8)												
(9)												
(10)												
Total				▶\$,			
Part	Grants or Assistance Benefiting Ir Complete if the organization answered	ntereste	d Per	sons.								
	(a) Name of interested person	(b) Relati	onship	between interested perso organization	n and the	(c)	Amour	nt and	type o	f assis	tance	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9) (10)												
(10)												

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

Schedule L (Form 990 or 990-EZ) 2011

PAGE 56

Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
				Yes	No
(1) MELBOURNE IT	BRUCE TONKIN - DIRECTOR	732,408.	SEE PART V		Х
_(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

BUSINESS TRANSACTIONS WITH RELATED PERSONS

SCHEDULE L, PART IV

1. DR. BRUCE TONKIN IS A VOTING MEMBER OF THE BOARD OF DIRECTORS. DR.

TONKIN IS ALSO CHIEF STRATEGY OFFICER OF MELBOURNE IT, AN ICANN

ACCREDITED REGISTRAR. REVENUE FROM MELBOURNE IT AMOUNTED TO \$732,408 AND \$766,416 FOR THE YEARS ENDED JUNE 30, 2012 AND 2011, RESPECTIVELY, UNDER THE FEE STRUCTURE OF THE STANDARD REGISTRAR ACCREDITATION AGREEMENT. TO AVOID ANY CONFLICT OF INTEREST BETWEEN ICANN AND MELBOURNE IT, DR. TONKIN ABSTAINS FROM VOTING ON ALL MATTERS HE IDENTIFIES AS POTENTIAL CONFLICTS OF INTEREST WHICH COME BEFORE THE BOARD.

IN ADDITION TO THE SPECIFIC DISCLOSURES ABOVE, ICANN MAY ENTER INTO OR

CONSIDER PARTICIPATION IN SMALL ARMS' LENGTH TRANSACTIONS BETWEEN ICANN

AND CERTAIN TAXABLE ORGANIZATIONS WITH WHICH CERTAIN ICANN DIRECTORS OR

OFFICERS (OR MEMBERS OF THEIR FAMILIES) MAY HAVE AN AFFILIATION. UNDER

ICANN'S CONFLICTS OF INTEREST POLICY, ALL OFFICERS AND DIRECTORS ARE

REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST BEFORE ENTERING

INTO DISCUSSION ON SUCH MATTERS. IN ADDITION, THE BOARD COMMITTEE

RESPONSIBLE FOR CONFLICTS OF INTEREST REVIEWS ALL BOARD MEMBER CONFLICTS

 Schedule L (Form 990 or 990-EZ) 2011
 Page 2

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

OF INTEREST STATEMENTS. SEE:

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

11165W 2020

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Employer identification number

95-4712218

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

ORGANIZATION'S MISSION

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

THE MISSION OF THE INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

("ICANN") IS TO PROMOTE THE GLOBAL PUBLIC INTEREST IN THE OPERATIONAL

STABILITY OF THE INTERNET BY (I) COORDINATING THE ASSIGNMENT OF INTERNET

TECHNICAL PARAMETERS AS NEEDED TO MAINTAIN UNIVERSAL CONNECTIVITY ON THE

INTERNET; (II) PERFORMING AND OVERSEEING FUNCTIONS RELATED TO THE

COORDINATION OF THE INTERNET PROTOCOL ("IP") ADDRESS SPACE; (III)

PERFORMING AND OVERSEEING FUNCTIONS RELATED TO THE COORDINATION OF THE

INTERNET DOMAIN NAME SYSTEM ("DNS"), INCLUDING THE DEVELOPMENT OF

POLICIES FOR DETERMINING THE CIRCUMSTANCES UNDER WHICH NEW TOP-LEVEL

DOMAINS ARE ADDED TO THE DNS ROOT SYSTEM; (IV) OVERSEEING OPERATION OF

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

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

(IV).

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

GOVERNING BODY

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

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

BYLAWS AS OF JUNE 30, 2012 ALLOWED FOR FIVE (5) NON-VOTING LIAISONS. THE

NON-VOTING LIAISONS ARE ENTITLED TO ATTEND BOARD MEETINGS, PARTICIPATE IN

Name of the organization

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

95-4712218

BOARD DISCUSSIONS AND DELIBERATIONS, AND HAVE ACCESS (UNDER CONDITIONS ESTABLISHED BY THE BOARD) TO MATERIALS PROVIDED TO DIRECTORS FOR USE IN BOARD DISCUSSIONS, DELIBERATIONS AND MEETINGS.

THE FOLLOWING INDIVIDUALS SERVED AS NON-VOTING LIAISONS DURING THE FISCAL YEAR ENDING JUNE 30, 2012:

- 1. HEATHER DRYDEN (GAC, 2010-2015)
- 2. RAM MOHAN (SSAC, 2009-2012)
- 3. THOMAS NARTEN (IETF, 2013)
- 4. THOMAS ROESSLER (TLG, 2011-2012)
- 5. SUZANNE WOOLF (RSSAC, 2004-2013)
- 6. REINHARD SCHOLL (TLG, 2010-2011)

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 2

CURRENTLY THE INTERNET NAMESPACE CONSISTS OF 22 GENERIC TOP LEVEL DOMAINS (GTLDS) AND OVER 250 COUNTRY CODE TOP LEVEL DOMAINS (CCTLDS) OPERATING ON VARIOUS MODELS. EACH OF THE GTLDS HAS A DESIGNATED "REGISTRY OPERATOR" AND, IN MOST CASES, A REGISTRY AGREEMENT BETWEEN THE OPERATOR (OR SPONSOR) AND ICANN. THE REGISTRY OPERATOR IS RESPONSIBLE FOR THE TECHNICAL OPERATION OF THE TLD, INCLUDING ALL OF THE NAMES REGISTERED IN THAT TLD. OVER 1,000 ICANN ACCREDITED REGISTRARS INTERACT WITH REGISTRANTS (AND OTHERS) TO PERFORM DOMAIN NAME REGISTRATION AND OTHER RELATED SERVICES FOR NEW GTLDS. THE NEW GTLD PROGRAM PROVIDES A MEANS FOR PROSPECTIVE REGISTRY OPERATORS TO APPLY FOR NEW GTLDS, AND CREATE NEW

Name of the organization

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

95-4712218

OPTIONS FOR CONSUMERS. THE PROGRAM OPENED ITS FIRST APPLICATION ROUND IN JANUARY 2012.

FORM 990, PART III, LINE 4

ICANN IS A MULTI-STAKEHOLDER ORGANIZATION THAT COORDINATES THE INTERNET

DOMAIN NAME SYSTEM (DNS) AND ADDRESSING FOR THE BENEFIT OF INTERNET USERS

WORLDWIDE, ENABLING A SINGLE, INTEROPERABLE INTERNET. AS OF 30 JUNE

2012, ICANN WAS RESPONSIBLE FOR THE GLOBAL TECHNICAL COORDINATION OF OVER

240 MILLION INTERNET DOMAIN NAMES, INCLUDING 133 MILLION INTERNET DOMAIN

NAMES FOUND IN GENERIC TOP-LEVEL DOMAINS THAT ARE GOVERNED BY ICANN'S

COMMUNITY-DEVELOPED POLICIES, AS WELL AS THE ALLOCATION OF OVER A BILLION

NETWORK ADDRESSES. CONNECTING BILLIONS OF COMPUTERS, PHONES AND OTHER

DEVICES ACROSS THE INTERNET, DNS CYBER-SECURITY IS A TOP PRIORITY. SEE

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

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

DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS

FORM 990, PART VI, LINE 7A

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

EIGHT ICANN BOARD MEMBERS AND FOR OTHER SELECTIONS AS ARE SET FORTH IN

THE BYLAWS. (SEE BYLAWS ARTICLE VII, SECTION 1.)

THE NOMCOM IS CHARGED WITH POPULATING A PORTION OF THE ICANN BOARD AS NOTED ABOVE, AS WELL AS THE ALAC, THE CCNSO COUNCIL AND THE GNSO COUNCIL.

THE NOMCOM COMPLEMENTS THE OTHER MEANS FOR FILLING A PORTION OF KEY ICANN LEADERSHIP POSITIONS ACHIEVED WITHIN THE SUPPORTING ORGANIZATIONS AND

Name of the organization

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number

95-4712218

ADVISORY COMMITTEES.

THE BYLAWS ALSO STATE THAT THE NOMCOM SHALL ADOPT SUCH OPERATING PROCEDURES AS IT DEEMS NECESSARY, WHICH SHALL BE PUBLISHED ON THE ICANN WEBSITE.

THE NOMCOM IS DESIGNED TO FUNCTION INDEPENDENTLY FROM THE BOARD, THE SUPPORTING ORGANIZATIONS, AND ADVISORY COMMITTEES. NOMCOM MEMBERS ACT ONLY ON BEHALF OF THE INTERESTS OF THE GLOBAL INTERNET COMMUNITY AND WITHIN THE SCOPE OF THE ICANN MISSION AND RESPONSIBILITIES ASSIGNED TO IT BY THE ICANN BYLAWS.

MEMBERS CONTRIBUTE TO THE NOMCOM BOTH THEIR UNDERSTANDING OF THE BROAD INTERESTS OF THE INTERNET AS A WHOLE AND THEIR KNOWLEDGE AND EXPERIENCE OF THE CONCERNS AND INTERESTS OF THE INTERNET STAKEHOLDERS THAT HAVE APPOINTED THEM. THE CHALLENGE FOR THE NOMCOM IS TO INTEGRATE THESE PERSPECTIVES AND DERIVE CONSENSUS IN ITS SELECTIONS. ALTHOUGH APPOINTED BY SUPPORTING ORGANIZATIONS AND OTHER ICANN BODIES, INDIVIDUAL NOMCOM MEMBERS ARE NOT ACCOUNTABLE TO THEIR APPOINTING CONSTITUENCIES. MEMBERS ARE, OF COURSE, ACCOUNTABLE FOR ADHERENCE TO THE BYLAWS AND FOR COMPLIANCE WITH THE RULES AND PROCEDURES ESTABLISHED BY THE NOMCOM.

LOCAL CHAPTERS, BRANCHES AND AFFILIATES

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

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

11165W 2020

(THE SYDNEY, AUSTRALIA OFFICE WAS CLOSED AFTER JUNE 30, 2012.)

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

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

- 1. ICANN ENGAGES AN OUTSIDE TAX PREPARER TO ASSIST IN THE PREPARATION OF ITS FORM 990.
- 2. ICANN'S CONTROLLER, CFO, AND OFFICE OF THE GENERAL COUNSEL REVIEW THE FORM 990, AND THE CONTROLLER AND CFO SIGN OFF FOR APPROVAL.
- 3. THE FORM 990 IS PROVIDED TO THE ICANN BOARD MEMBERS.

CONFLICTS OF INTEREST POLICY

FORM 990, PART VI, LINE 12C

ICANN HAS WRITTEN CONFLICTS OF INTEREST POLICIES, WHICH ARE APPLICABLE TO ALL BOARD MEMBERS AND EMPLOYEES. THE OFFICE OF THE GENERAL COUNSEL MONITORS THESE POLICIES WITH OVERSIGHT BY THE BOARD GOVERNANCE COMMITTEE AS THEY RELATE TO THE BOARD. A CONFLICTS OF INTEREST DISCLOSURE STATEMENT IS COMPLETED ANNUALLY AND SIGNED BY EACH BOARD MEMBER, OFFICER AND KEY EMPLOYEE (WHICH HAS BEEN EXTENDED IN FY 13 TO ALL EMPLOYEES). THE DISCLOSURE STATEMENTS ARE REVIEWED BY THE GENERAL COUNSEL, AND A REPORT OF ITS FINDINGS IS PREPARED. THE BOARD MEMBER, OFFICER AND KEY EMPLOYEE CONFLICTS OF INTEREST POLICY CAN BE FOUND HERE:

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

THIS POLICY DESCRIBES THE DUTY TO DISCLOSE, THE PROCEDURES FOR ADDRESSING CONFLICTS OF INTEREST, THE DUTY TO ABSTAIN, HOW VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY WILL BE HANDLED, HOW TO HANDLE A BOARD MEMBER WHO RECEIVES COMPENSATION, THE ANNUAL STATEMENT PROCESS BY WHICH ALL COVERED PERSONS SIGN ANNUALLY THEIR AFFIRMATION OF THE POLICY AND DISCLOSE THEIR ACTUAL OR POTENTIAL CONFLICTS, AND THE REQUIREMENT AND NATURE OF PERIODIC REVIEWS. THE REPORTS OF BOARD MEMBER AND OFFICER REPORTED STATEMENTS OF INTEREST ARE POSTED ON THE WEBSITE. THE REPORTS CAN BE FOUND AT:

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

RETENTION AND DESTRUCTION POLICY

FORM 990, PART VI, LINE 14

ICANN MAINTAINS AN INTERNAL DOCUMENT RETENTION AND DESTRUCTION POLICY AND HISTORICALLY HAS FOLLOWED BEST INDUSTRY PRACTICES FOR RETENTION AND DESTRUCTION.

PROCESS FOR DETERMINING COMPENSATION

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

ICANN FOLLOWS PRINCIPLES OF ACCOUNTABILITY AND TRANSPARENCY AND DESCRIBES

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

ARE POSTED AT:

HTTP://WWW.ICANN.ORG/EN/ABOUT/FINANCIALS/

REMUNERATION-PRACTICES-FY13-15SEP12-EN.PDF

THE PROCESS FOR DETERMINING COMPENSATION INCLUDING SURVEYS OF COMPARABLE POSITIONS AND OTHER MARKET STUDIES IS DESCRIBED IN THIS COMPENSATION REPORT. EXECUTIVE COMPENSATION IS DISCLOSED AS WELL. SALARIES OF ALL OFFICERS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS IN RESPONSE TO RECOMMENDATIONS BY THE COMPENSATION COMMITTEE. MINUTES OF THESE MEETINGS ARE MAINTAINED BY THE OFFICE OF THE GENERAL COUNSEL AS PART OF ITS CORPORATE SECRETARIAT FUNCTION. EACH YEAR THE APPOINTMENT FOR EACH OFFICER IS CONFIRMED BY THE BOARD OF DIRECTORS AT THE ANNUAL GENERAL MEETING.

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

AVAILABILITY OF 990

FORM 990, PART VI, LINE 18

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

LOCATED AT:

HTTP://WWW.ICANN.ORG/EN/ABOUT/FINANCIALS/FISCAL-30JUN11-EN.HTM

AFTER SUBMISSION TO THE IRS, THE 2011 FORM 990 WILL BE POSTED HERE:

HTTP://WWW.ICANN.ORG/EN/ABOUT/FINANCIALS/FISCAL-30JUN12-EN.HTM

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

FINALLY, HARD COPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST FROM THE CFO OF ICANN. REQUESTS SHOULD BE SUBMITTED TO ICANN'S CFO BY EMAIL TO XAVIER.CALVEZ@ICANN.ORG, OR BY PHONE AT +1.310.301.5838.

ICANN POSTS THE ORIGINAL FORM 1023 (APPLICATION FOR TAX-EXEMPT STATUS) ON ITS WEBSITE. THE ORIGINAL FORM 1023 POST IS LOCATED AT:

HTTP://WWW.ICANN.ORG/EN/ABOUT/FINANCIALS

Schedule O (Form 990 or 990-EZ) 2011

ICANN POSTS ITS MOST RECENT IRS FAVORABLE DETERMINATION LETTER, AND OTHER INFORMATION AT:

HTTP://WWW.ICANN.ORG/EN/ABOUT/FINANCIALS

ICANN'S TAX EXEMPT STATUS INFORMATION CAN BE FOUND AT:
IRS-FAVORABLE-DETERMINATION-LETTER-19SEP08-EN.PDF

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

IN ACCORDANCE WITH ITS CORPORATE BYLAWS (SEE:

HTTP://www.icann.org/en/about/governance/bylaws) and the affirmation of commitments with the united states department of commerce, icann is committed to accountability and transparency principles. This includes providing extensive access to the public through the icann website of its governing documents, conflicts of interest policy, and financial statements. See: http://www.icann.org/en/about/governance

OFFICER/DIRECTOR SERVICE DATES

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Name of the organization

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number

95-4712218

FORM 990, PART VII

IN PART VII, A DATE FOLLOWING AN OFFICER/DIRECTOR'S NAME INDICATES THE DATE ON WHICH THE OFFICER/DIRECTOR'S SERVICES ENDED. IF NO DATE IS INDICATED, THAT OFFICER/DIRECTOR WAS ACTIVE AS OF JUNE 30, 2012.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 5

UNREALIZED GAINS ON INVESTMENTS \$ 3,671,191

UNREALIZED GAINS/LOSS ON FOREIGN EXCHANGE \$(800,209)

ROUNDING \$ 476

TOTAL \$ 2,871,458

CONTRIBUTIONS

FORM 990, SCHEDULE B, LINE 17

NEUSTAR SPONSORS CCTLD'S AND GTLD'S.

FORM 990, SCHEDULE B, LINE 35

VERISIGN SPONSORS THREE GTLD'S AND ONE CCTLD.

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

AUSTRALIA

BELGIUM

ATTACHMENT 2

ATTACHMENT 1

Schedule O (Form 990 or 990-EZ) 2011

Name of the organization INTERNET CORP FOR ASSIGNED NAMES & NUMBERS		Employer identification number 95-4712218
THE WILL COME TON MODELLE MALLO WINDER	A	ATTACHMENT 2 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTOR	RS
NAME AND ADDRESS	DESCRIPTION OF SER	RVICES COMPENSATION
CANNON CONSTRUCTORS SOUTH, INC. 17000 VENTURA BLVD., SUITE 301 ENCINO, CA 91316	CONSTRUCTION SVCS	2,715,900.
JONES DAY 555 FLOWER STREET, 50TH FLOOR LOS ANGELES, CA 90071	LEGAL SERVICES	1,900,773.
ERNST & YOUNG U.S. LLP 200 PLAZA DRIVE SECAUCUS, NJ 07094	CONSULTING SERVIC	CES 1,657,177.
JAS GLOBAL ADVISORS LLC 150 MICHIGAN AVE., STE 280 CHICAGO, IL 60601-7586	CONSULTING SERVIC	TES 1,091,121.
BURSON-MARSTELER PO BOX 101880 ATLANTA, GA 30392-1880	PUBLIC RELATIONS	SVC 650,000.
TOTAL COMPENSATION		8,014,971.

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