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

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

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For th	ne 2005 c	endar year, or tax year b	eginning	JULY 1,	, 2005, a	nd ending JU	JNE 30,	, 20 06
		applicable:	Please C Name of organization					D Employ	er identification number
_			SE IRS INTERNET CORPO		R ASSIGNED NAM	IES AND N	UMBERS	95:4	712218
_		change	Del or		mail is not delivered t	The second secon		E Teleph	one number
_	Name c	_	type. 4676 ADMIRALT				330	(310) 823-9358
_	Initial re		pecific City or town state of		ZIP + 4			F Accounting	g method: Cash Accrual
_	Final ret		tions. MARINA DEL RE					I —	ner (specify) >
=		ed return	Section 501(c)(3) organi		The second secon	t charitable	H and I are n	ot applicable	to section 527 organizations.
Ш.	Аррисац	ion pending	trusts must attach a con				H(a) is this a		of for affiliates?
G	Website	e: ➤ ICAI	N.ORG						ded? N/A Yes No
J	Organiz	zation type	check only one) 🕨 🛭 501(d	e) (3) ◀ (ins	ert no.) 🔲 4947(a)(1) or 🔲 527	(If "No,"	attach a list	. See instructions.)
K	Check I	here 🕨 🗌	f the organization's gross rec	eipts are nom	nally not more than \$	25,000. The	H(d) is this a	separate return	n filed by an ya group ruling? Yes V No
			of file a return with the IRS; be return. Some states require			a return, be		xemption Nu	
	Sule to	me a comp	e return. Some states require	a complete it					he organization is not required
L	Gross	receipts:	dd lines 6b, 8b, 9b, and 10	0b to line 12	▶ 29,821,		to attac	h Sch. B (F	orm 990, 990-EZ, or 990-PF).
P	art I	Rever	e, Expenses, and Cl	nanges in	Net Assets or	Fund Bal	ances (See t	he instru	ctions.)
	1		ions, gifts, grants, and			1. 1	004		
	а	Direct p	blic support			1a	934,	553	
	b	Indirect	ublic support			1b			
	C	Govern	ent contributions (grant	s)		1c		福港	024 552
	d	Total (a	l lines 1a through 1c) (ca	ısh \$	934,553 nonca	sh \$)	. 1d	934,553 28,778,911
	2		service revenue including					3	20,110,511
	3		hip dues and assessme					. 4	107,540
	4		n savings and tempora					. 5	107,040
	5	Dividen	s and interest from secu	ırities		1 - 1		134,011	
	6a		nts			6a			
	b		tal expenses			6b		6c	
			I income or (loss) (subtr		from line 6a) .) 7	
e e	7		estment income (descri		(A) Securities		(B) Other	1 日本記	
Revenue	8a		nount from sales of ass	((r y 000000	8a	<u></u>		
æ		than inv	•	1		8b			
	1		or other basis and sales	expenses.		8c			
			oss) (attach schedule)	L	t and /D\\			8d	
	1		or (loss) (combine line 8c ents and activities (attach s					11980023311	
	9	•				gairing, ci	icci liele - L		
	а		venue (not including \$ _ ions reported on line 1a			9a			
	h		ect expenses other than	-		9b			
			ne or (loss) from specia			m line 9a)		9c	
	102	Grace	les of inventory, less ret	urns and a	lowances	10a		14. T	
						10b			
			fit or (loss) from sales of in			ract line 10	b from line 10a)	10c	
	11	Other re	enue (from Part VII, line	103)				. 11	
	12	Total re	enue (add lines 1d, 2, 3,	4, 5, 6c, 7,	8d, 9c, 10c, and	11)		. 12	29,821,004
	13	Progran	services (from line 44,	column (B))				. 13	12,128,315
Expenses	14		nent and general (from					. 14	7,518,547
Sen	15		ng (from line 44, colum					. 15	
ă	16	Paymer	s to affiliates (attach sc	hedule)				. 16	
7	17	Total e	penses (add lines 16 ar	d 44, colur	nn (A))				19,646,862
ats	18	Excess	r (deficit) for the year (s	ubtract line	17 from line 12)			. 18	10,174,142
1386	19		ts or fund balances at b						8,232,001
Net Assets	20		anges in net assets or t					. 20	0
ž	21		s or fund balances at en					. 21	18,406,143

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Salton)	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$) If this amount includes foreign grants, check here ▶ □	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	969,530	623,440	346,090	
26	Other salaries and wages	26	3,186,819	2,049,230	1,137,589	
27	Pension plan contributions	27	648,347	416,909		
28	Other employee benefits	28	799,205	507,602		
29	Payroll taxes	29	309,879	199,262	110,617	
30	Professional fundraising fees	30				
31	Accounting fees	31	55,951	55,951	0	
32	Legal fees	32	1,577,654	1,577,654	0	
33	Supplies	33	58,405	63	58,342	
34	Telephone	34	749,480	149,335	600,145	
35	Postage and shipping	35	65,517	28,537	36,980	
36	Occupancy	36	504,868	43,327	461,541	
37	Equipment rental and maintenance	37	310,717	0	310,717	
38	Printing and publications	38	612,891	387,537	225,354	
39	Travel	39	3,475,839	3,431,463	44,376	
40	Conferences, conventions, and meetings.	40	330,193	312,341	17,852	
41	Interest	41	53,541	0	53,541	
42	Depreciation, depletion, etc. (attach schedule)	42	145,014	0	145,014	
43	Other expenses not covered above (itemize): INSURANCE	43a	124,113	7,447	116,666	
a b	BAD DEBT EXPENSES	43b	2,026,424	0	2,026,424	
	COMPUTER CONSULTANTS	43c	316,941	202,842	114,099	
	OTHER CONSULTANTS	43d	3,255,768	2,135,375	1,120,393	
e	MISCELLANEOUS	43e	20,913	0	20,913	
f	ADMINISTRATION	43f	48,853	0	48,853	
-		43g				
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	19,646,862	12,128,315	7,518,547	
Join	t Costs. Check ▶ ☐ if you are following SOP	98-2.		V-/		respective description of the second
Are a	my joint costs from a combined educational campaign	and fun	draising solicitation	reported in (B) Pro	gram services?.	Yes 🛭 No
	es," enter (i) the aggregate amount of these joint cost	s \$; (ii) the	amount allocated	o Program services	\$
(iii) t	ne amount allocated to Management and general \$; and (iv) the	amount allocated	to rundraising \$	

Part III Statement of Program Service Accomplishments (See the instructions.)

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

-		
All	iat is the organization's primary exempt purpose? SEE STATEMENT 1 organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
	anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	trusts; but optional for others.)
_	TO ASSIST IN THE DESIGN, DEVELOPMENT AND TESTING OF THE MECHANISMS, METHODS	0.000
а	AND PROCEDURES NECESSARY FOR OVERSIGHT OF THE ROOT SERVERS AND OTHER	
	POLICIES TO MAINTAIN UNIVERSAL CONNECTIVITY ON THE INTERNET	
	FOLICIES TO MAINTAIN UNIVERSAL CONNECTIVITY ON THE INTERNAL	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	12,128,315
		12,120,010
b		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
	Totalio dilo dilocatorio V	
С		
	#	

	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
е	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	12,128,315

Form **990** (2005)

Form 990 (2005)

Balance Sheets (See the instructions.) Part IV Note: Where required, attached schedules and amounts within the description (B) End of year (A) Beginning of year column should be for end-of-year amounts only. 442.638 45 6.648.899 Cash—non-interest-bearing 1,467,431 46 5,141,048 46 Savings and temporary cash investments . 47a 9,372,808 47c 47b 13,516,070 b Less: allowance for doubtful accounts . 48a 48a Pledges receivable 48b 48c **b** Less: allowance for doubtful accounts . 49 Receivables from officers, directors, trustees, and key employees 50 (attach schedule) 51a Other notes and loans receivable (attach 51a 51b 51c b Less: allowance for doubtful accounts . 52 52 Inventories for sale or use 53 Prepaid expenses and deferred charges ☐ Cost ☐ FMV 54 54 Investments—securities (attach schedule) . 55a Investments—land, buildings, equipment: basis 55a b Less: accumulated depreciation (attach 55b 55c 56 Investments-other (attach schedule) . . 935,755 57a 57a Land, buildings, and equipment: basis . b Less: accumulated depreciation (attach 57b 676,236 350,602 57c 259,519 schedule) Other assets (describe ► DEPOSITS 27,942 58 276,728 58 59 Total assets (must equal line 74). Add lines 45 through 58. . 11,661,421 59 25,842,264 1,707,398 60 2,481,808 60 Accounts payable and accrued expenses 61 61 1,722,026 62 4,954,313 62 Liabilities Loans from officers, directors, trustees, and key employees (attach 63 64a Tax-exempt bond liabilities (attach schedule) 64a 64b b Mortgages and other notes payable (attach schedule) 65 Other liabilities (describe ▶) 65 Total liabilities. Add lines 60 through 65 . 3,429,424 66 7,436,121 Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 67 through 69 and lines 73 and 74. Balances 18,381,149 8,207,003 Unrestricted 67 67 24,994 68 24,994 68 69 69 Fund Organizations that do not follow SFAS 117, check here > and complete lines 70 through 74. 70 ö Capital stock, trust principal, or current funds. 71 Assets Paid-in or capital surplus, or land, building, and equipment fund . 72 Retained earnings, endowment, accumulated income, or other funds 72 73 Total net assets or fund balances (add lines 67 through 69 or lines Net 70 through 72; column (A) must equal line 19; column (B) must equal line 21) , , 18,406,143 8,231,997 73 Total liabilities and net assets/fund balances. Add lines 66 and 73. 11,661,421 74 25,842,264

Pa	rt IV-A	Reconciliation of Revenue per Auc instructions.)	lited Financial Staten	nents With Rev	enue per Return	(See the
	Total rev	enue, gains, and other support per audit	ted financial statements		а	29,821,004
b		included on line a but not on Part I, line				
1		alized gains on investments		b1		
2		services and use of facilities		b2		
3		es of prior year grants		b3		
4		ecify):				
				b4	b	
_		s b1 through b4			· · · c	29,821,004
C		line b from line a			際側回	25,021,004
d 1		nt expenses not included on Part I, line		d1		
2		ecify):				
_	Outloo (op			d2	100	
	Add lines				d	0
е	Total rev	ed1 and d2			▶ e	29,821,004
Pa	rt IV-B	Reconciliation of Expenses per Au	dited Financial State	ments With Exp	penses per Retui	
а	Total exp	enses and losses per audited financial s	statements		a	19,646,862
b		included on line a but not on Part I, line				
1	Donated	services and use of facilities		b1		
2		r adjustments reported on Part I, line 20		b2		
3		eported on Part I, line 20		b3		
4	Other (sp	ecify):			· 10	
				b4	b	0
		b1 through b4			c	19,646,862
C						15,040,002
d 1		included on Part I, line 17, but not on line expenses not included on Part I, line		d1		
2		ecify):				
-				d2		
	Add lines	d1 and d2			d	0
е		penses (Part I, line 17). Add lines c and	d		▶ e	19,646,862
Pai		Current Officers, Directors, Trustees				
	(or key employee at any time during the year	ar even if they were not		·	
		(A) Name and address	Title and average hours per week devoted to position	(If not paid, enter	(D) Contributions to employe benefit plans & deferred	(E) Expense account and other allowances
				-0)	compensation plans	
SFF	STATEM	FNT 2		969,530	79,62	7 311,496.14
	017112111					

Pai	1 V-A Current Officers, Directors, Trustees	s, and Key Employe	es (continued)			Yes	No	
75a	Enter the total number of officers, directors, and truetings	ustees permitted to vo	ote on organizatio	n business at board 15				
b	Are any officers, directors, trustees, or key employ employees listed in Schedule A, Part I, or hig contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that ide	hest compensated p	orofessional and other through	other independent family or business	75b		1	
c	c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.							
					1100	E.S.		
	Does the organization have a written conflict of in	iterest policy?			75d	\checkmark		
Pai	TV-B Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comp	ceived compensation o	r other benefits (de	escribed below) during	the ye	ear, lis	ormer t that	
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expen nt and owance	other	
• • • • •								
			7					
							-	
		,						
••••								
						V	Na	
	t VI Other Information (See the instruction		45 - IDCO K ID/	# _44b	. 122	Yes	No	
76 77	Did the organization engage in any activity not prodescription of each activity				76 77		√ √	
	If "Yes," attach a conformed copy of the changes Did the organization have unrelated business grow					J.J.		
	this return?				78a 78b		✓	
79	Was there a liquidation, dissolution, termination, o a statement				79	PER S	√	
80a	Is the organization related (other than by associate common membership, governing bodies, trustee organization?	es, officers, etc., to	any other exer	npt or nonexempt	80a			
b	If "Yes," enter the name of the organization ▶		· · · · <u>· · · ·</u> · · · · · · · · · · ·	***************************************				
	Enter direct and indirect political expenditures. (So Did the organization file Form 1120-POL for this	ee line 81 instructions	s.) 81a	0.	81b			

Form 990 (2005) INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS 95-4712218

Page 6

Form 990 (2005)

Pai	rt VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		✓
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		y	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	٧	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	1	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	r specificate	_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		¥2.
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	Sales Sales	or will be
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization		The same	
	received a waiver for proxy tax owed for the prior year.		HA F	
	Dues, assessments, and similar amounts from members	4		
	Section 162(e) lobbying and political expenditures			
	Aggregate nonocodotible amount of section obodes/1///y data notices			
	raxable amount of lobbying and political expenditures (line odd less odd)	85g	Case.	
_	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	oog		_
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	0	24 (1/6)
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
b 87	Gross receipts, included on line 12, for public use of club facilities		л	
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	illes.	d.
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶			41 H
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		✓
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed ► CALIFORNIA			
	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	27		
91a	The books are in care of ▶ Douglas Brent Located at ▶ 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA ZIP + 4 ▶ 9029	23-93 2	58	
b	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	_	Yes	No
	<u> </u>	91b	328E	1
	If "Yes," enter the name of the foreign country	是	Er.	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country BELGIUM	91c	<u> </u>	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92	• •	. >	. П

INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS 95-4712218

Form 990 (2005)

Part	VII Analysis of Income-Producing	Activities (See ti	he instruction:	s.)		1 age O
Note:	Enter gross amounts unless otherwise		isiness income		tion 512, 513, or 514	(E)
indicat		(A)	(B)	(C)	(D)	Related or
93	Program service revenue:	Business code	Amount	Exclusion code	Amount	exempt function income
а	DOMAIN NAME FEES					25,210,701
b	ADDRESS REGISTRY FEES					823,000
C	ACCREDITATION FEES					1,965,210
d	APPLICATION FEES					780,000
е						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agenci	es				
94	Membership dues and assessments					
95	Interest on savings and temporary cash investmen	nts	-	14	107,540	
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate:		制型的研究部份	的學。這是教		更 医 产 / 是
а	debt-financed property					
b	not debt-financed property , , , , , ,					
	Net rental income or (loss) from personal properl	ty				
	Other investment income					
	Gain or (loss) from sales of assets other than invento	yry				
	Net income or (loss) from special events .					
	Gross profit or (loss) from sales of inventory					
	Other revenue: a	_				*
b		_				
C .	- Committee - Comm	_				
d						
e .		E may rest				
104 105	Subtotal (add columns (B), (D), and (E)) . Total (add line 104, columns (B), (D), and (E)				107,540	28,778,911
Note: 1	Line 105 plus line 1d, Part I, should equal th)} e amount on line 1		• • • • •		28,886,451
Part \				nege (See the	instructions l	
Line N						
▼	of the organization's exempt purposes (o	ther than by providing	a funds for such	ourposes).	nportantly to the a	ecomplishment
93.a	FEES CHARGED TO COORDINATE AN				,	
93.b		D MAINTAIN THE	ADDRESS RE	GISTRY	the second	
93.¢		S FOR ACCREDIT	ATION AS RE	GISTRARS		
93.d	ONE TIME FEES CHARGED TO ENTITI	ES TO PROCESS	APPLICATION	S		
Part I		sidiaries and Disr	egarded Entiti	ies (See the in	structions.)	
	Varne, address, and EIN of corporation.	(B) Percentage of	(C)	T	(D)	(E) End-of-year
		wnership interest	Nature of ac	tivities	Total income	End-of-year assets
N/A		%				455015
		%				
		- %				
		%				
Part >	Information Regarding Transfers Asset	ociated with Person	nal Benefit Con	tracts (See the	e instructions.)	
(a) [old the organization, during the year, receive any funds, o	directly or indirectly, to p	ay premiums on a	personal benefit of	contract?	Yes 🗸 No
(b) [old the organization, during the year, pay pre	miums, directly or i	indirectly, on a	personal bene	_	Yes 🗹 No
Note:	If "Yes" to (b), file Form 8870 and Form 47	720 (see instruction:	s).			
	Under paratites of perjury, I declare that I have examinand belief, it is true, correct, and complete declaration	ned this return, including	accompanying sch	edules and staten	nents, and to the bes	t of my knowledge
lease		preparer (offiel fria	IT Officer IS DASSET	niomation .	of which preparer h	as any knowledge.
Sign	Signature of efficient	$\overline{}$			15 MA9	200/
lere	Signature of officer	NT COO		Dat	e /	•
	Type or print name and title.	~, C00				
			Date	Chao's if		
aid	Preparer's signature			Check if self-	Preparer's SSN or Pi	IN (See Gen. Inst. W)
reparer's	Firm's name (or yours			employed ▶		
se Only	if self-employed), address, and ZIP + 4			EIN	<u> </u>	
	I wastoos and Air + 4 F			Phone n	n. ▶ [1	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

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

OMB No. 1545-0047

2005

rvame of the organization			Employer identifica	tion number
INTERNET CORPORATION FOR ASSIGNED N	AMES AND NUMBERS		95:4712218	
Part 1 Compensation of the Five High (See page 1 of the instructions.	est Paid Employees O	ther Than Offic	oro Divoctoro e	and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Andrew Savage 4676 Admiralty Way, #330, Marina Del Rey, CA	HR Director, 40 HRS		describe designation	aiowances
Theresa Swinehart 4676 Admiralty Way, #330, Marina Del Rey, CA	Vice President, 60 HRS			
David Piscitello 4676 Admiralty Way, #330, Marina Del Rey, CA	SSAC Fellow, 40 HRS			
Dayid Conrad 4676 Admiralty Way, #330, Marina Del Rey, CA	General Manager, IANA,			•
Tim Cole 4676 Admiralty Way, #330, Marina Del Rey, CA	Camilara Maria		'	
Total number of other employees paid over \$50,000 .	15	DANS SON ASSESSED	nontent literature	Mark to be stored and the
Part II-A Compensation of the Five High (See page 2 of the instructions. List	est Paid Independent C	ontroctore for	Professional Ser	rvices
tol mane and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
	*********************	Legal Services		1,194,691
CompassRose International		International Issu	ue Consulting	250,109
Gonrad Group		International Pol	icy Consultant	245,846
Press Contact, LLC		Public Relations	Consulting	240,364
Frank Fowlie		Ombudsman		221,153
Total number or orners receiving over \$50,000 for professional services	30			221,100
Part II-B Compensation of the Five Highe	st Paid Independent Co	antractors for C	Han Carrie	
firms. If there are none, enter "Nor	eu services other than prine." See page 2 of the in-	Otoppional name	ces, whether indi	viduals or
(a) Name and address of each independent contractor	pald more than \$50,000	(b) Type o	f service	(c) Compensation
Chapman & Assoc.		nsurance		182,737
American Express		Credit Card		710,044
The Principal Group		103B Provider		657,710
Travel Store		Travel Agency		632,893
USC/ISI	L	andlord .		397,191
Total number or other contractors receiving over \$50,000 for other services	15		at the time of	301,131

77 11121	A CURRENT OFFICERS, DIRECTOR OR KEY EMPLOYEES	S, TRUSTEES		STATEMENT 2
			EMPLOYEE	A Miles
			BENEFIT	LUL 1995 RSV
Name and Address	TITLE AND AVRG HRS/WK	COMPENSATION	PLAN	EXPENSE
1 Paul Twomey	President/CEO	COMPENSATION	CONTRIB	ACCOUNT
4676 AMIRALTY WAY	60	459,244,44	19,200.00	146,928.93
MARINA DEL REY, CA 902	32	(A)		
2 John Jeffrey Total	Secretary/General Counsel	A	444	
4676 AMIRALTY WAY	60	205,699.92	17,484.50	7,455.89
MARINA DEL REY, CA 902	12			
3 Kurt Pritz	Senior Vice President			
4676 AMIRALTY WAY	60	189335.16	26467.4	15950.69
MARINA DEL REY, CA 9029	2			1
4 Melanie Kelier	CFO			
4676 AMIRALTY WAY	60	115250.07	16475.01	1822.39
MARINA DEL REY, CA 9029	2		0.00000	. 50
5 Hagen Hultzsch Total				
4676 AMIRALTY WAY	Board Member			31,216.33
MARINA DEL REY, CA 9029	AS NEEDED			
6 Mouhamet Diop Total				
4676 AMIRALTY WAY	Board Member			26,926.76
MARINA DEL REY, CA 9029	AS NEEDED			
7 Peter Thrush Total				
4676 AMIRALTY WAY	Board Member			18,964.89
MADINA DEL DEV CA CACO	AS NEEDED			10,00
MARINA DEL REY, CA 9029 8 Vinton Cert Total				
	Chairman			15,571.99
4676 AMIRALTY WAY	AS NEEDED			10,01 1.00
MARINA DEL REY, CA 9029: 9 Hualin Qian Total				
4676 AMIDAL TALALA	Board Member			15,515.61
4676 AMIRALTY WAY	AS NEEDED			10,010,01
MARINA DEL REY, CA 90292				
10 Demi Getschko Total	Board Member			14 240 70
4676 AMIRALTY WAY	AS NEEDED			14,249.70
MARINA DEL REY, CA 90292				
11 Alejandro Pisanty Total	Board Member			**************************************
4676 AMIRALTY WAY	AS NEEDED			4,640.15
MARINA DEL REY, CA 90292				
12 Michael Palage Total	Board Member			
4676 AMIRALTY WAY	AS NEEDED			4,112.89
MARINA DEL REY, CA 90292				
13 Raimundo Beca Total	Board Member			
4676 AMIRALTY WAY	AS NEEDED			2,572.73
MARINA DEL REY, CA 90292	ANA			
14 Veni Markovski Total	Board Member			
4676 AMIRALTY WAY	AS NEEDED			2,159.23
MARINA DEL REY, CA 90292				
15 Vanda Scartezini Total	Board Member			
4676 AMIRALTY WAY	AS NEEDED			1,928.96
MARINA DEL REY, CA 90292	color			
16 Njerl Rionge Total	Board Member			
4676 AMIRALTY WAY	AS NEEDED			433.56
MARINA DEL REY, CA 90292				
17 Susan Crawford Total	Board Member			
4676 AMIRALTY WAY	AS NEEDED			361.07
MARINA DEL REY, CA 90292	· ···· · · · · · · · · · · · · · · · ·	*		0
18 Lyman Chapin Total	Board Member			
4676 AMIRALTY WAY	AS NEEDED			684.37
MARINA DEL REY, CA 90292				
INCLUDED ON FORM 990, PART	V-A	000 #		Tan Fo
		969,529.59	79,626.91	311,496,14

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

Pa	rt I	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	at or	ering the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities (Must equal amounts on line 38, rt VI-A, or line i of Part VI-B.)	1		✓
	or	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other ganizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of elobbying activities.			
2	SU Wi	tring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any obstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or the any taxable organization with which any such person is affiliated as an officer, director, trustee, majority truer, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions.)	W.		
a	Sa	le, exchange, or leasing of property?	2a		1
b	Le	nding of money or other extension of credit?	2b		1
C		mishing of goods, services, or facilities?	2c		✓
d		yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	√	
е		ansfer of any part of its income or assets?	2e		✓
За		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	3a		✓
h		u determine that recipients qualify to receive payments.)	3b		1
C		you have a section 403(b) annuity plan for your employees?	3c		1
		by you maintain any separate account for participating donors where donors have the right to provide advice on			$\overline{}$
			4a		✓
b	Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		1
Pa	rt l'	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	orga	anization is not a private foundation because it is: (Please check only ONE applicable box.)			
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hosp and state ▶			city,
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Secti (Also complete the Support Schedule in Part IV-A.)	on 170	(b)(1)(A)(iv).
		An organization that normally receives a substantial part of its support from a governmental unit or from the gener 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	al pubi	ic. Se	ction
	_	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	M	An organization that normally receives: (1) more than 331/4% of its support from contributions, membership fees, a			•
		from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33% from gross investment income and unrelated business taxable income (less section 511 tax) from businesses			•
		organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	aoqui	,	,
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and support described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section the box that describes the type of supporting organization: Type 1 Type 2		(2). C	
		Provide the following information about the supported organizations. (See page 6 of the instructions.)			
		(a) Name(s) of supported organization(s) (b) Line from	numbe		
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructi	ons.)		

	 It IV-A Support Schedule (Complete only You may use the worksheet in the instructions 					accounting.
_	endar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received. (Do	1-7			(2)	
	not include unusual grants. See line 28.).	746,937	744,568	822,388	1,230,617	3,544,510
16	Membership fees received				-1,	
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	14,504,520	9,068,551	4,946,253	5,000,018	33,519,342
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	26,874	12,408	18,428	19,316	77,026
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income. Attach a schedule. Do not	abbitation of the state of the		AVAILABILITY OF THE PARTY OF TH		
	include gain or (loss) from sale of capital assets	0	0	(2,306)	0	(2,306)
23	Total of lines 15 through 22	15,278,331	9,825,527	5,784,763	6,249,951	37,138,572
24	Line 23 minus line 17	773,811	756,976	838,510	1,249,933	3,619,230
25	Enter 1% of line 23	152,783	98,255	57,848	62,500	ADDITION OF SHAPE
26	Organizations described on lines 10 or 11:	a Enter 2% of a	amount in column	(e), line 24	▶ 26a	N/A
b	Prepare a list for your records to show the nam governmental unit or publicly supported organizations.	ation) whose total	gifts for 2001 thr	ough 2004 exce	eded the	
	amount shown in line 26a. Do not file this list wit				1 1	N/A N/A
C	Total support for section 509(a)(1) test: Enter lin				▶ 26c	N/A
d	Add: Amounts from column (e) for lines: 18				//www.	N/A
_						N/A
e f	Public support (line 26c minus line 26d total) . Public support percentage (line 26e (numeral	tor) divided by lin	ne 26c (denomin	atori)		N/A %
27	Organizations described on line 12: a For person," prepare a list for your records to show t Do not file this list with your return. Enter the	r amounts include he name of, and to	ed in lines 15, 16 otal amounts rece	6, and 17 that we	ere received from	n a "disqualified
	(2004) 1,431,166 (2003)	929,850	(2002)	263,289	(2001)	514,311
b	For any amount included in line 17 that was receive show the name of, and amount received for each y (Include in the list organizations described in lines 5 the difference between the amount received and the amounts) for each year:	ed from each perso ear, that was more through 11b, as wo	on (other than "dis than the larger o ell as individuals.) l	equalified persons f (1) the amount o Do not file this lis	"), prepare a list fo on line 25 for the y t with your return	or your records to ear or (2) \$5,000. . After computing
	(2004) 2,552,050 (2003)	1,278,961	(2002)	677,375	(2001)	663,490
С	Add: Amounts from column (e) for lines: 15 _ 17 _ 33,519,342 20 _	3,544,510 0. and line 27b total	16	0	▶ 27c	37,063,852
d	Add: Line 27a total, 3,138,616	and line 27b total	5,171,87	76	▶ 27d	8,310,492
e	Public support (line 27c total minus line 27d tot	al)			▶ 27e	28,753,360
f	Public support (line 27c total minus line 27d total Total support for section 509(a)(2) test: Enter an					制造物等。
g h	Public support percentage (line 27e (numerat Investment income percentage (line 18, colur	or) divided by lin	ne 27f (denomina	ator))	▶ 27g	77.4218 % 0.2074 %
28	Unusual Grants: For an organization described prepare a list for your records to show, for each description of the nature of the grant. Do not fill	h year, the name	of the contributo	or, the date and	rants during 200 amount of the gr	1 through 2004, rant, and a brief

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	basis?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c d	Employment of faculty or administrative staff? ,	33c 33d		
e	Educational policies?	33e		
f	Use of facilities? , , , ,	33f 33g		
g h	Athletic programs?	33h	Z SARI	in s
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Sch	edule A (Form 990 or 990-EZ) 2005 INTERNET COF	RPORATION FO	R ASSIGNED	NAMES AN	ID NUI	MBERS	95-47	12218 Page
Pa	rt VI-A Lobbying Expenditures by E (To be completed ONLY by an	n eligible organ	ization that fil	led Form 5	5768)			
Che	ck ▶ a ☐ if the organization belongs to an affili	iated group. Che	eck ▶ b 🗌	if you checke	d "a" a	nd *limited	control	provisions apply.
	Limits on Lobbyi	-				(a) Affiliated tota	group ls	(b) To be completed for ALL electing organizations
26	Total lobbying expenditures to influence public		<u>_</u>		36			
36 37	Total lobbying expenditures to influence a legi				37			
38	Total lobbying expenditures (add lines 36 and	• •			38			
39	Other exempt purpose expenditures	-			39			
40	Total exempt purpose expenditures (add lines				40			
41	Lobbying nontaxable amount. Enter the amount	· · · · · · · · · · · · · · · · · · ·				71.2		
•		lobbying nontaxa				13(0,40)		THE STATE
		of the amount or			1			
		,000 plus 15% of t	he excess over	\$500,000	112		美加州	Was to the last
	Over \$1,000,000 but not over \$1,500,000 . \$175,	,000 plus 10% of th	e excess over \$1	,000,000	41			
	Over \$1,500,000 but not over \$17,000,000. \$225,	000 plus 5% of the	e excess over \$1	,500,000		1		
	Over \$17,000,000 \$1,00	0,000)			The same	
42	Grassroots nontaxable amount (enter 25% of	line 41)			42			
43	Subtract line 42 from line 36. Enter -0- if line 4				43			7.000
44	Subtract line 41 from line 38. Enter -0- if line 4	11 is more than lir	ne 38		44	745E 8 8 8 8 8 8 8 8		2012/4/02/10/07/10/0
	Caution: If there is an amount on either line 43	3 or line 44, you r	nust file Form 4	720.			10	
	4-Year Av	eraging Perior	d Under Sect	tion 501(h)			
	(Some organizations that made a section	on 501(h) election	do not have to	complete a	ll of the		mns be	elow.
	See the instructions t	for lines 45 through	h 50 on page 1	11 of the ins	tructio	ns.)		
		Lob	bying Expendi	tures Durin	g 4-Ye	ar Averaç	jing Pe	eriod
	Calendar year (or	(a)	(b)	(c)		(d)		(e)
	fiscal year beginning in) ▶	2005	2004	2003	3	200	2	Total
45	Lobbying nontaxable amount				02.000007×1004			
46	Lobbying ceiling amount (150% of line 45(e))							
47	Total lobbying expenditures							
48	Grassroots nontaxable amount		-					
 49	Grassroots ceiling amount (150% of line 48(e))		(c)			1.11		
	Chassicots centing amount (10070 of time 40(c))		a	0 (00,000,000,000,000,000,000,000,000,00			BILL SHOP	
50 Pa	Grassroots lobbying expenditures rt VI-B Lobbying Activity by Nonelec	cting Public Cl	narities					
	(For reporting only by organiza			Part VI-A)	(See	page 11	of the	e instructions.
	ng the year, did the organization attempt to influnt to influence public opinion on a legislative n	•	•	•	uding a	Yes	No	Amount
а	Volunteers					.	↓	
þ	Paid staff or management (Include compensation	ion in expenses re	eported on lines	c through I	h.)		-	
C						.		
d	Mailings to members, legislators, or the public						+	
e	Publications, or published or broadcast statem					•	+	
f	Grants to other organizations for lobbying purp			hodi		•	+	
g h	Direct contact with legislators, their staffs, gov. Rallies, demonstrations, seminars, conventions		•	-	• •		+-	
i	· · · · · · · · · · · · · · · · · · ·							100 0000 1000 A
-	Total lobbying expenditures (Add lines c through if "Yes" to any of the above also attach a state	ement diving a de	stailed description	on of the lol	hhvina	activities		

Scheduk	A (Form 990 or 990-EZ)	2005 INTERNET	CORPORATION FOR ASSIG	NED NAMES AND NUMBERS	95-4712218 Page 6
Part \			Transfers To and Transa ee page 12 of the instruction	ctions and Relationships	With Noncharitable
				following with any other organiz	
				on 527, relating to political organ	
		orting organization	to a noncharitable exempt orga	inization of:	
	i) Cash				51a(i) ✓ a(ii) ✓
•	i) Other assets .				• •
	ther transactions:	as of species with a	manaharitahla ayamat araaniya	Sian	b(i) ✓
			n noncharitable exempt organization		b(ii) ✓
•	 i) Rental of facilities 				b(iii) ✓
•	 Reimbursement a 				b(iv) ✓
•	Loans or loan gua	•			b(v) ✓
•			ship or fundraising solicitations		b(vi) ✓
c S	naring of facilities, ec	quipment, mailing li	ists, other assets, or paid emplo	yees	C 🗸
go	ods, other assets, o	r services given by	y the reporting organization. If the	. Column (b) should always show he organization received less that is, other assets, or services receive	n fair market value in any
(a)	(b)		(c)	(d)	
Line no	1	Name of non-	charitable exempt organization	Description of transfers, transactions	s, and sharing arrangements
			2		
					
d€		01(c) of the Code (other than section 501(c)(3)) or i	e or more tax-exempt organizat n section 527?	ions . ► ☐ Yes ☑ No
	(a)	<i>y</i>	(b)	(c)	
	Name of organiz	ation	Type of organization	Description of rel	ationship
·					

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2006

Name of organization

Employer identification number

INTERNET CORP	ORATION FOR ASSIGNED NAMES AND NUMBERS 95 4712218
Organization type (check	cone):
Filers of:	Section:
Form 990 or 990-EZ	√ 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
organization can check be	oxes for both the General Rule and a Special Rule—see instructions.)
General Rule—	
-	iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or one contributor. (Complete Parts I and II.)
Special Rules—	
under sections 509	c)(3) organization filing Form 990, or Form 990-EZ, that met the 33½ % support test of the regulations 0(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
during the year, ag	c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, gregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
during the year, so not aggregate to m the year for an exc	c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, me contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did nore than \$1,000. (If this box is checked, enter here the total contributions that were received during dusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule anization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more
990-EZ, or 990-PF), but th	at are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, ney must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form y do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

_	4		3		_
Page	1.	of .	•	. Of	Part

Schedule E	3 (Form	990.	990-FZ.	or 990-PF	1 (2006)

Name of organization
INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Employer identification number 95 i 4712218

13 X 2 3m 5 52 5	ILT COM CHANGE ON ABSIGNED NAMES AND	TOMOLICO	00 41 122 10
Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	.au Domain Administration	\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_2	AFNIC	\$36,612 	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	CIRA	\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Comite GestorInternet DOBrasil	\$65,000_	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_5	Dansk Internet Forum	\$15,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	DNS-BE VZW	\$\$ <u>30,000</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Employer identification number 95 | 4712218

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Internet Users Society Niue	\$16,668	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_8	Japan Registry Service Co. Ltd	\$103,140	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	NASK	\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	National Internet Development Agency of Korea	\$\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>11</u>	Neustar	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	Stichting Internet Domeinregistratie Nederland	\$85,000	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)

	3		3	of Part
Page	•	of	74	of Part I

Schedule	BIF	orm 99	0. 990	-EZ, or	990-	PP	(2006)

Name of organization

INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Employer identification number 95 | 4712218

INTERN	IET CORPORATION FOR ASSIGNED NAMES AND	NUMBERO	90 4/12/18
Part I	Contributors (See Specific Instructions.)	9	j
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	Taiwan Network Information Center	\$28,433	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
•		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
¥.		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
*	•	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

908	OÍ	of Part II

Schedule	R	(Form	ggn	990-F7	or 990-PF)	12006

Name of organization

INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Employer identification number 95 4712218

Part II	Noncash Property (See Specific Instructions.)	N/A	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		_	
		\\$	
(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
		_	
—		_	
		_ \$	

California Exempt Organization Annual Information Return

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Revelus and Revenues and Revenues Total gross contributions, girts, grants, and similar amounts received. See instructions 57777. \$\frac{3}{3}\$ 934,55\$ This line must be completed. If the result is less than \$\frac{2}{3}\$,000, see General Instruction C	2005	<u>Annual</u>	Information	Return				199	
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Internet Corporation for Assigned Names and Numbers or in organization is exampluated RATC Section 237014 and is a school, publications and the control of the part of the pa	121683	<u> </u>	95-4/12218				109 🗆 100	□ 100S □ 100W	
charby, religious organization, or is controlled by a religious operation. check box. See General Instruction N Is defined by a religious operation. check box. See General Instruction N Is defined by a religious operation. check box. See General Instruction N Is defined by a religious operation. check box. See General Instruction N Is defined by a religious operation. check box. See General Instruction N Is a prove stage of General Instruction N Is an accounting members and artificiate of the provention of the provided of the property of the provi	-	•			Federal: 2 99	0 🗆 990EZ 🗆 990T	🗆 990PF 🗀	1041 🗆 1120H 🗆 1	120
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State ZIP Code Annual Code CA 90292 anta Monica CA 90292 I Complete Part I unless not required to file this form. See General Instructions B and C. I Gross sales or receipts from other sources. From Side 2, Part II, line 8	676 Adn	niralty Way #330			1		(VIII)		
and to the complete Part I unless not required to fille this form. See General Instructions 8 and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8			State	ZIP Code	- iii - · · ·		nder Section 23	3701 <u>d</u> (insert letter	n
1 Gross sales or receipts from other sources, From Side 2, Part II, line 8	anta Mo	nica	CA	90292		☐ IRC Section	on 4947(z)(1) 1	trust	
1 Gross sales or receipts from other sources, From Side 2, Part II, line 8	ai≠ I Cn:	mnista Part I unisce no	t reculred to file this form	See General Instrus	tions R and C				
gereipts and wrenues 3 Gross contributions, girts, grants, and similar amounts received. See instructions 3 Trant	1						1	28,886,451	_
4 Total gross receipts for filling requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$25,000, see General Instruction C. 4 29,821,000 of the control of	ļ								
This line must be completed. If the result is less than \$25,000, see General Instruction C	eceipts	3 Gross contributions,	, gifts, grants, and similar a	mounts received. See	instructions . 57	rm.t .1	3	934,553	
This line must be completed. If the result is less than \$29,000, see General Instruction C									ZZ
5 Cost or other basis, and sales expenses of assets sold 6 7 Total costs. Add line 5 and line 6 7 Total costs. Add line 5 and line 6 8 Total gross income, Subtract line 7 from line 4 8 29,821,00 genses 9 Total gross income, Subtract line 7 from line 4 9 19,848,88 10 Excess of receipts over expenses and disbursements. From Side 2, Part II, line 18 9 19,848,88 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 10,174,14 11 Filling fee \$10 or \$25. See General Instruction F 11 2 Panalty for failure to file on time. See General Instruction L 12 Panalty for failure to file on time. See General Instruction L 12 Panalty for failure to file on time. See General Instruction L 12 Panalty for failure to file on time. See General Instruction L 13 Use tax. See instructions 14 Balance due. Add line 11, line 12, and line 13 14 Salance due. Add line 11, line 12, and line 13 14 Salance due. Add line 11, line 12, and line 13 14 Salance due. Add line 11, line 12, and line 13 14 Salance due. Add line 11, line 12, and line 13 14 Salance due. Add line 11, line 12, and line 13 14 Salance due. Add line 11, line 12, and line 13 14 Salance due. Add line 11, line 12, and line 13 14 Salance due. Add line 11, line 12, and line 13 14 Salance due. Add line 11, line 12, and line 13 14 Salance due. Add line 11, line 12, and line 13 14 Salance due. Add line 11, line 12, and line 13 14 Salance due. Add line 11, line 12, and line 13 14 Salance due. Add line 11, line 12, and line 13 14 Salance due. Add line 11, line 13 14 Salance due. Add line 11, line 12, and line 13 14 Salance due. Add line 11, line 12, and line 13 14 Salance due. Add line 12, and line 13 14 Salance due. Add line 11, line 12, and line 13 14 Salance due. Add line 13 14 Salance due. Add line 14, line 14 Salance due. Add line 14, line 14 Salance due. Add line 15, line 14, line 14 Salance due. Add line 14, line 14 Salance due. Add line 15, line 14, line 14 Salance due. Add line 14, line 15 Salance due. Add line 15, line 15, line 14, line 15 Salance						1 C	• 4	29,821,004	,
7 Total costs. Add line 5 and line 6 8 Total gross income. Subtract line 7 from line 4 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 Total expenses and disbursements. Subtract line 9 from line 8 10 10,174,10 11 Filling fee \$10 or \$25. See General Instruction F 12 Penalty for failure to file on time. See General Instruction L 13 Use tax. See instructions 14 Balance due. Add line 11, line 12, and line 13 14 Exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public chartites)? If "Yes," complete and attach form FTB 3509, Pollitical or Legislative Activities by Section 23701d Organizations Yes by the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes is the organization exempt under R&TC Section 23701g? Yes Yes 10 bid the organization from sempt under R&TC Section 23701g? Yes Yes other amount of gross receipts from nonmember sources \$ 10 bid the organization file Form 100, Form 100s, 100W, or Form 109 to report taxable income? Yes Yes other amount of gross receipts from nonmember sources \$ 10 bid the organization file Form 100, Form 100s, 100W, or Form 109 to report taxable income? Daytime telephone (310,)823-9358 10 bid the organization file Form 100, Form 100s, 100W, or Form 109 to report taxable income? Daytime telephone (310,)823-9358 10 bid the organization of the file of the properer is self-employed by the properer is self-employed and address Paid properers SSN or PTIN	not staple,					-	{///		
## Total gross income. Subtract line 7 from line 4 ## 29,821,000 ## Total expenses and disbursements. From Side 2, Part II, line 18 ## 9 ## 19,846,84 ## 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ## 10 10,174,14 ## 11 Filling fee \$10 or \$25. See General Instruction F	payment.)	•	•				7///		//
9 Total expenses and disbursements. From Side 2, Part II, line 18	ļ						···	29,821,004	
10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 10,174,14 11 11 11 12 12 12 13 12 12								19,646,862	
12 Penalty for failure to file on time. See General Instruction L 12 13 Use tax. See instructions 13 Use tax. See instructions 14 Balance due. Add line 11, line 12, and line 13 14 State mpt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charittes)? If "Yes," complete and attach form FTB 3509, Pollitical or Legislative Activities by Section 23704.5 (relating to lobbying by public charittes)? If "Yes," complete and extivities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes is the organization exempt under R&TC Section 23701g? Yes if "Yes," enter amount of gross receipts from nonmember sources \$ Did the organization file Form 100, Form 100s, 100W, or Form 109 to report taxable income? Yes if "Yes," enter amount of total income reported \$ Daytime telephone (310)823-9358 Octated at ICANN, 4676 Admiralty Way #330, Marina del Rey, CA 90292 Under Pathelies of perjuny, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and believe to the pathelies of officer Daytime telephone Other Paid Preparer's gioneture Daytime telephone Other Paid Preparer's Daytime telephone Other Paid Preparer's Pa								10,174,142	
Thing Fee 13 Use tax. See instructions 14 Balance due. Add line 11, line 12, and line 13 14 3 14 3 14 3 14 3 14 3 14 3 14 3								25	****
13 Use tax. See instructions 14 Balance due. Add line 11, line 12, and line 13								5	
if texempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations	Fee							30	0
located at ICANN, 4676 Admiralty Way #330, Marina del Rey, CA 90292 Linda paralles of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be used, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 29 Mg 47 Signature of officer Paid Preparer's signature Paid Preparer's SSN or PTIN FEIN FEIN FEIN	by public Did the been replies the or if "Yes," Did the	ic charities)? If "Yes," co organization have any cl ported to the Franchise I rganization exempt unde ' enter amount of gross organization file Form 16	omplete and attach form FTI hanges in its activities, govi lax Board? If "Yes," comple or R&TC Section 23701g? receipts from nonmember s 00, Form 100S, 100W, or Fo	B 3509, Political or Le erning instrument, and ete an explanation and sources \$	egislative Activities icles of Incorporati attach copies of r	by Section 23701d ion, or bylaws that h evised documents .	Organization ave not	ns □ Yes ☑ □ Yes ☑ □ Yes ☑	Ž N
Under PShatties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be use, correctly and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 29 M4 17 Signature of officer Paid Preparer's signature Paid Preparer's signature FEIN FEIN	The fina	ncial records are in care	of Cheryl Smith			Daytime tel	ephone (<u>31(</u>)823-9358	_
lease ign ere Signature of officer Date Date Daylime telephole	located	at ICANN, 4676 A	dmiralty Way #330, I	Marina del Rey,	CA 90292				
aid reparer's se Only Signature of officer Coro (3(0) 823-9	lease	Under penalties of perjury tree, correct, and complet	y, I declare that I have examined to Declaration of preparer (other	this return, including acc r than taxpayer) is based	ompanying schedules on all information of v	end statements, and to which preparer has any	the best of m knowledge.	y knowledge and belief	i, it
Signature of officer Paid Preparer's aid reparer's Signature Paid Preparer's Signature FEIN FEIN FEIN FEIN FEIN FEIN	ign /	1. July		29	Mg 17		•	(310) 823-93	5
Preparer's signature Palu Check if self-employed self-employed FEIN FEIN FEIN FEIN FEIN FEIN					' Date	1	Paid preparer	Daytime telephone 's SSN or PTIN	
se Only Firm's name (or yours, if self-employed) and address		Preparer's signature				Check if self-employed			
● Los/mine releabilities (Firm's name (or yours,					telephone (<u> </u>	
			<u></u>			● Toskme	reiebuoue (

Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts --complete Part II or furnish substitute information. See Specific Line Instructions. 107,540 1 Gross sales or receipts from all business activities. See instructions...... 2 Interest..... 2 3 Receipts Gross rents. 4 from 5 Other Sources 6 28,778,911 8 Total gross sales or receipts from other sources. Add line 1 through line 7. 28,886,451 Enter here and on Side 1, Part I, line 1 8 Contributions, gifts, grants, and similar amounts pald. Attach schedule 9 10 Disbursements to or for members 10 969,530 11 Expenses 3.186.819 12 Other salaries and wages 12 and 53,541 13 Interest 13 Disburse-431,779 ments Taxes 14 504.868 15 145,014 16 14,355,311 17 19.646,862 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . 18 Beginning of taxable year End of taxable year Schedule L Balance Sheets Assats 11,789,947 1,910,069 9.372,808 13,516,070 Net notes receivable. Attach schedule Federal and state government obligations 6 Investments in other bonds. Attach schedule Investments in stock. Attach schedule Mortgage loans (number of loans _____) Other investments. Attach schedule..... 881,824 676,236 259,519 531,222 350,602 b Less accumulated depreciation 11 Land 276,728 27,942 12 Other assets. Attach schedule .. DEPOSITS.... 25.842,264 11,661,421 13 Total assets Liabilities and net worth 2,481,808 1,707,398 15 Contributions, gifts, or grants payable 16 Bonds and notes payable. Attach schedule 4,954,313 1,722,026 18 Other liabilities. Attach schedule PEFCALEP. REVI 20 Paid-in or capital surplus. Attach reconciliation 18,406,143 8.231,997 11,661,421 25,842,264 Reconciliation of income per books with income per return Schedule M-1 Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000 29,821,004 7 Income recorded on books this year Net income per books Federal income tax not included in this return. 7 Attach schedule Excess of capital losses over capital pains Deductions in this return not charged Income not recorded on books this year. Attach schedule against book income this year. Expenses recorded on books this year not Attach schedule deducted in this return. Attach schedule ... Total. Add line 7 and line 8 10 Net income per return. Total. 29,821,004 29,821,004 Subtract line 9 from line 6 Add line 1 through line 5

INTERNET CORPORATION FOR ASSIGNED NAMES

95-4712218

FORM 199 PART I, Line 3 Ca	sh Contributions of \$5,000 or more		STATEMENT 1	
Contributor's Name	Contributor's Address		Date of Gift	Amount
.au Domain Administration	- Australia		06/21/06	\$96,889
AFNIC		France	12/23/05	\$36,045
DNS-BE-VZW			12/30/05	\$40,000
Japan Registry Service Co. Ltd.	-Japan		04/25/06	\$103,140
National Internet Development Agency of Korea	Korea		12/27/05	\$3,000
Stichting Internet Domeinregistratie Nederland	- The Netherlands		12/30/05	\$85,000
Taiwan Network Information Cen	~aiwan		04/25/06	\$28,433
Russian Institute for Public Networks	2 Russia		12/01/05	\$22,988
Academic & Research Network of Slovenia	,ovenia		08/24/05	\$5,000
II-Stiftel Sen	Sweden		11/09/05	\$45,000
Restena	39 Luxembourg		10/25/05	\$ 5,000
Total included on	Line 3			\$ 470,475

INTERNET CORPORATION	<u>95-4712218</u>					
FORM 199	Footnotes	STATEMENT 2				
Statement of Organization's Primary Exempt Purpose:						

To privatize the management of the domain name system and other internet coordination in a manner which increases competition and facilitates international participation.

INTERNET CORPORATION FOR ASSIGNED NAMES

95-4712218

FORM 199	PART II,	STATEMENT 3	
Description	Am	ount	
Domain Name Fees	\$	25,210,701	
Address Registry Fees	\$	823,000	
Accreditation Fees	\$	1,965,210	
Application Fees	\$	780,000	
Total included on Line 7	\$	28,778,911	

95-4712218

FORM 990 FOOTNOTES STATEMENT 1

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

Page	3	of	3	of Part
Page	~	O.	1.0	or Part

Schedule	R	(Form	ggn	990-F7	Of	990-PF	١ (2006
Schedule	o	(LO:111	yyu.	330-62,	Ç)	330-11	,	1

Name of organization

INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Employer identification number 95 4712218

		· · · · · · · · · · · · · · · · · · ·	
Part I	Contributors (See Specific Instructions.)	8	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	Taiwan Network Information Center	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- _ \$	Person Payroll Occash Complete Part II if there is a noncash contribution.)

Name and Address	TITLE AND AVRG HRS/WK	COMP	ENSATION	
1 Paul Twomey	President/CEO	\$	459,245	/ A \
4676 ADMIRALTY WAY	60 `	•	100,610	(A)
MARINA DEL REY, CA 90292	00			` '
2 John Jeffrey Total	Secretary/General Counsel	\$	205,700	
4676 ADMIRALTY WAY	60	•	200,100	
MARINA DEL REY, CA 90292	•			
3 Kurt Pritz	Senior Vice President	\$	189,335	
4676 ADMIRALTY WAY	60	•	100,000	
MARINA DEL REY, CA 90292				
4 Melanie Keller	CFO	\$	115,250	
4676 ADMIRALTY WAY	60	•	110,200	
MARINA DEL REY, CA 90292	00			
5 Hagen Hultzsch Total	Board Member			
4676 ADMIRALTY WAY	AS NEEDED			
MARINA DEL REY, CA 90292	110 110000			
6 Mouhamet Diop Total	Board Member			
4676 ADMIRALTY WAY	AS NEEDED			
MARINA DEL REY, CA 90292	"			
7 Peter Thrush Total	Board Member			
4676 ADMIRALTY WAY	AS NEEDED			
MARINA DEL REY, CA 90292				
8 Vinton Cerf Total	Chairman			
4676 ADMIRALTY WAY	AS NEEDED			
MARINA DEL REY, CA 90292	1.0 /1111111			
9 Hualin Qian Total	Board Member			
4676 ADMIRALTY WAY	AS NEEDED			
MARINA DEL REY, CA 90292	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
10 Demi Getschko Total	Board Member			
4676 ADMIRALTY WAY	AS NEEDED			
MARINA DEL REY, CA 90292				
11 Alejandro Pisanty Total	Board Member			
4676 ADMIRALTY WAY	AS NEEDED			
MARINA DEL REY, CA 90292				
12 Michael Palage Total	Board Member			
4676 ADMIRALTY WAY	AS NEEDED			
MARINA DEL REY, CA 90292				
13 Raimundo Beca Total	Board Member			
4676 ADMIRALTY WAY	AS NEEDED			
MARINA DEL REY, CA 90292				
14 Veni Markovski Total	Board Member			
4676 ADMIRALTY WAY	AS NEEDED			
MARINA DEL REY, CA 90292				
15 Vanda Scartezini Total	Board Member			
4676 ADMIRALTY WAY	AS NEEDED			
MARINA DEL REY, CA 90292				
16 Njeri Rionge Total	Board Member			
4676 ADMIRALTY WAY	AS NEEDED			
MARINA DEL REY, CA 90292				
17 Susan Crawford Total	Board Member			
4676 ADMIRALTY WAY	AS NEEDED			
MARINA DEL REY, CA 90292				
18 Lyman Chapin Total	Board Member			
4676 ADMIRALTY WAY	AS NEEDED			
MARINA DEL REY, CA 90292				

PART V.A CURRENT DESICERS DIRECTORS TRUSTEES

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

Total included on Line 17

FORM 199 PAR	T II, Lin	e 17 Other Expenses	STATEMENT 5
Description	Ar	nount	
Administration	\$	48,853	
Insurance	\$	124,113	
Miscellaneous	\$	20,913	
Computer Consultants	\$	316, 9 41	
Other Consultants	\$	3,255,768	
Bad Debt Expense	\$	2,026,424	
Payroll Taxes	\$	309,879	
Equipment Rental and Maintenance	\$	310,717	
Pension Plan Contributions	\$	648,347	
Other Employee Benefits	\$	799,205	
Acctg Fees	\$	55,951	
Legal Fees	\$	1,577,654	
Supplies	\$	58,405	
Telephone	\$	749,480	
Postage and Shipping	\$	65,517	
Printing and Publications	\$	612,891	
Travel	\$	3,044,060	
Conferences, Conventions and Meetings	3 <u>\$</u>	330,193	

\$14,355,311