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.

EXTENSION GRANTED TO 5/16/05

Form **990**

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

Form 990 (2003)

Department of the Tressury Internal Revenue Service

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

A	ror ine z	:003 calendar year, or tax year beginning	UL 1, 2003	<u>aua su</u>	aing	<u> </u>	, 2004	
B	Check if applicable	C Name of organization	EOD AGGIONED	177	MEG	3_	D Employer i	identification number
Г	Address	less walthing to CONFORMITON	FOR ASSIGNED	NA	MES		95-4	712218
F	Change Change	type	ot delivered to etreet address)			Boom/suite	E Telephone	
۲	cnange initia: iretum	See Specific 4676 ADMIRALTY WAY	or name and to stragg and tass)			330		823-9358
F	Final	instruc- tions. City or town, state or country, and ZIP + 4				,550	F Accounting me	
F	return Amende						Other (specify)	
F	Applica			ts	Hand	are not ann		ction 527 organizations.
	por 1441 n	must attach a completed Schedule A (Form 9	90 or 990-EZ).		ı		return for affilia	
G	Website:	►ICANN.ORG				-	umber of affilia	
_		ition type (check only one) > X 501(c) (3) (inse	rt no.) 4947(a)(1) gr	527		re all affiliates		N/A Yes No
		ere 🕨 🔛 if the organization's gross receipts are non		he	1 (1	f "No." attach a	ı list.) lə rətum filəd t	hu an ar-
		tion need not file a return with the IRS; but if the organiz	•		נושוח מ	anization cove	red by a group	oruling? Tyes X No
	•	ail, it should file a return without financial data. Some sta				roup Exemption		
					M C	heck 🕨 🔲	if the organiza	ation is not required to attach
L	Gross red	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶	9,966,51	8.			90, 990 -E Z, or	
ĸ.	art I	Revenue, Expenses, and Changes in	Net Assets or Fund	Bala	nces			
	1	Contributions, gifts, grants, and similar amounts received	ved:					
	a	Direct public support		1a		742,2	24.	
	b	Indirect public support		1b				
	C	Government contributions (grants)	.,,,	10				
	d	Total (add lines 1a through 1c) (cash \$7) <u>14</u>	742,224.				
	2	Program service revenue including government fees a		9,211,886.				
	3	Membership dues and assessments	3					
	4	Interest on savings and temporary cash investments		12,408.				
	5	Dividends and interest from securities			·····		5	
	6 a	Gross rents		6a				
	b	Less: rental expenses		6b	<u> </u>	·		
	c	Net rental income or (loss) (subtract line 6b from line	6a)			••••	<u>5</u> c	
•	7	Other investment income (describe	<u></u>) 7	
Revenue	8 a	Gross amount from sales of assets other	(A) Securities			(B) Other		
3	1	than inventory		8a	<u> </u>			
u.	b	Less: cost or other basis and sales expenses		8b	ļ			
	6	Gain or (loss) (attach schedule)		8c	<u> </u>			
	d	Net gain or (loss) (combine line 8c, columns (A) and (_			8d	
	9	Special events and activities (attach schedule). If any a		here I	-			
	a	Gross revenue (not including \$			1			
	1.	reported on line 1a)		9a				
	b	Less: direct expenses other than fundraising expenses			<u> </u>			
	3.0	Net income or (loss) from special events (subtract line					<u>9c</u>	
	10 a	,						
	D	Less: cost of goods sold	ab a dula Varibbin at the dAh far	100	40-1			
	1	,						
	11 12	Other revenue (from Part VII, line 103)						9,966,518.
-	13	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1 Program services (from fine 44, column (B))						6,602,140.
8		Management and general (from line 44, column (C))						2,954,552.
Expenses	15	Fundraising (from line 44, column (D))						
Š	16	Payments to affiliates (attach schedule)						
ш	17	Total expenses (add lines 16 and 44, column (A))						9,556,692.
	18	Excess or (deficit) for the year (subtract line 17 from i	ne 12)				18	409,826.
뻝	19	Net assets or fund balances at beginning of year (from	line 73, column (A))	••••••			19	3,735,862.
Net	20	Net assets or fund balances at beginning of year (from line 73, column (A)) Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2					2 20	-5,795.
	21	Net assets or fund balances at end of year (combine li						4,139,893.
323 12-	001 17-03	LHA For Paperwork Reduction Act Notice, see the						Form 990 (2003)

INTERNET CORPORATION FOR ASSIGNED NAMES

AND NUMBERS 95-4712218 Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Page 2 and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. (B) Program (C) Management (A) Total Services 22 Grants and allocations (attach schedule) 22 __noncash \$__ 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 787,002. 535,162. 251,840. 0. 25 Compensation of officers, directors, etc. 25 1,129,093. 893,622. 235,471. 25 Other salaries and wages 26 140,373. 66,058. 206,431. 27 Pension plan contributions 27 28 115,002. 78,201. 36,801. 28 Other employee benefits 39,445. 123,266. 83,821. Payroll taxes 29 Professional fundraising fees 30 42,000. Accounting fees 42,000. 31 31 1,941,823 1,941,823. 32 Legal fees 32 27,218. 27,306. 88. 33 Supplies 214,396. 1,670. 212,726. Telephone 34 35 Postage and shipping 16,242. 16,242. 35 36 335,991. 25,788 310,203. 38 Occupancy 181,981. 181,981. 37 Equipment rental and maintenance 37 38 Printing and publications 132,380. 140,366. 7,986. 38 7,320. 1,287,830. 39 1,295,150. 39 Travel 37,717. 40 46,491. 8,774. 40 Conferences, conventions, and meetings 15,516. 15,516. 41 interest 47,578. 47,578. 42 Depreciation, depletion, etc. (attach schedule) ... 42 43 Other expenses not covered above (itemize): 43a 43b 43c 43d 1,364,999. SEE STATEMENT 3 2,891,058. 1,526,059. 43e Total functional expenses (add lines 22 through 43).

Organizations completing columns (B)-(D), carry these trigis to lines 13-15 2,954,552. 0. 9,556,692. 6,602,140. Joint Costs. Check > ____ if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundralsing solicitation reported in (B) Program services? If "Yes," enter (i) the aggregate amount of these joint costs \$; (II) the amount allocated to Program services \$ (III) the amount allocated to Management and general \$; and (Iv) the amount allocated to Fundraising \$ Part III Statement of Program Service Accomplishments What is the organization's primary exempt purpose? Program Service Expenses (Required for 501(d)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for other SEE FOOTNOTE All organizations must describe their exempt purpose schlevements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) a TO ASSIST IN THE DESIGN, DEVELOPMENT AND TESTING OF THE MECHANISMS, METHODS AND PROCEDURES NECESSARY FOR OVERSIGHT OF THE ROOT SERVERS AND OTHER POLICIES TO MAINTAIN UNIVERSAL CONNECTIVITY ON THE INTERNET 6,602,140. (Grants and allocations \$ (Grants and allocations \$ (Grants and allocations \$ d (Grants and allocations \$ (Grants and allocations \$ Other program services (attach schedule)

Total of Program Service Expenses (should equal line 44, column (B), Program services)

6,602,140.

Form 990 (2003)

73

74

3,735,862.

4,911,369.

4,139,893.

5,697,269.

						<i></i>	/ IZZIO
P.	re IV	Balance Sheets					
Note:		re required, attached schedules and amoul ild be for end-of-year amounts only.	nts within the des	scription column	(A) Beginning of year		(B) End of year
	45 46	Cash - non-interest-bearing			183,108. 1,173,309.	45 46	43,457. 2,495,887.
	47 a	Accounts receivable	47a	2,872,268.	3,361,251.	47c	2,872,268.
		Pledges receivable	48a				
	49 50	Grants receivable				48c 49	
Assets		Receivables from officers, directors, trustees, and key employees				50	,
Ass	52	Less: allowance for doubtful accounts	51b			51c 52	
	53 54	Prepaid expenses and deferred charges Investments - securities	> [Cost FMV	75,998.	53 54	
	00 a	equipment: basis	55a				
	56	Less: accumulated depreciation				55c 56	
		Land, buildings, and equipment: basis Less: accumulated depreciation Other assets (describe DEPOSITS		669,644. 419,612.	112,703. 5,000.	57c 58	250,032. 35,625.
	59	Total assets (add lines 45 through 58) (must e	qual line 74)		4,911,369.		5,697,269.
•	60 61	Accounts payable and accrued expenses Grants payable			572,330.	60 61	901,744.
Liabilities	62 63 64 a	Deferred revenue	y employees		599,472.	62 63 64a	655,632.
Liab		Mortgages and other notes payable	• • • • • • • • • • • • • • • • • • • •		3,705.	64b 65	
	86 Ornas	Total liabilities (add lines 60 through 65)	X and compl	eta linea 67 through	1,175,507.	66	1,557,376.
nces	87	69 and lines 73 and 74. Unrestricted			3,735,862.	67	4,139,893.
nd Bala	68 69 Organ	Temporarily restricted Permanently restricted nizations that do not follow SFAS 117, check he	·····			68 69	
ts or Fu	70	70 through 74. Capital stock, trust principal, or current funds				70	
vet Assets or Fund Balances	71 72 73	Paid-in or capital surplus, or land, building, and Retained earnings, endowment, accumulated in Total net assets or fund balances (add lines 6	ncome, or other fur	nds		71 72	
Z	,,,	Geene or inin neightes (400 illies o	, anough os of illi	os ro unougn /2,		B338333333	

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.

column (A) must equal line 19; column (B) must equal line 21)

Total liabilities and net assets / fund balances (add lines 66 and 73)

INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Part IV-B Reconcilitation of Revenue per Audited Financial Statements with Expenses per Audited Financial Statements with Expenses per Return Total Invariance (all pages) 9,972,888.		990 (2003) AND NUMB					95-47122	18 Page 4
Return Following a plan, and driver support per audided financial statements	×	rt IV-A Reconciliation of Reven	ue per Audited	Part IV-6	Recond	illation of Exp	oenses per A	udited
Total revenue, gains, and other support per audited financial statements	A 10.7-643		th Revenue per				s with Expen	ses per
per audided financial statements 2 9,7572,1885 5 and used financial statements 2 9,7508,1857 5 and used financial statements 2 1	-		T	a Total evo				
B. Amounts included on line a but not on line 12, Form 990: (1) Net unestiated gains on investments \$ (2) Donated services and use of the cliffses \$, 6,370. (3) Recoverés of prior year grants \$ (4) Other (specify): Add amounts on lines (1) through (4)	100	per audited financial statements	a 9,972,888.	audited fir	nancial state	ements	▶ a 9,	568,857.
(1) Net unestitated gains on investments \$ (2) Onnated services and use of facilities \$ 6 , 370 (3) Recoversion of prindry year grants \$ (4) Other (speechy): \$ (5) Add amounts on lines (1) through (4)	b	Amounts included on line a but not on		b Amounts line 17, Fo	included on orm 990:	line a but not on		
(2) Donated services and use of facilities, \$ 6,370.	(1)	Net unrealized gains					<u> </u>	
Sample S				, , ,	•	ts		
(3) Losses reported on mean part of prior year grants \$ (4) Other (specify): \$ Add amounts on lines (1) through (4) b 6, 370. t Line a minus line b b 9, 966, 518. d Amounts included on line 12, Form 990 but not on line a: 10, Form 990 \$ (5) Other (specify): \$ Add amounts on lines (1) through (4) b 12, 165. t Line a minus line b	(2)							
West grants S				Form 990		.\$	[1]	
(4) Other (specify): Add amounts on lines (1) through (4)	(3)	Recoveries of prior						
Add amounts on lines (1) through (4)	Destroi			line 20, Fo	orm 990	.\$		100
4 Amounts included on line 12, Form 990 but not on line a: (1) Investment expenses not included on line 17, Form 990 but not on line a: (2) Other (specify): Add amounts on lines (1) and (2)	(4)	Other (specify):		(4) Other (spe STMT 4	ecify): :	s 5,7	95.	
4 Amounts included on line 12, Form 990 but not on line a: (1) Investment expenses not included on line 17, Form 990 but not on line a: (2) Other (specify): Add amounts on lines (1) and (2)		Add amounts on lines (1) through (4)	b 6,370.	Add amou	ints on lines	s (1) through (4)	▶ b	12,165.
d Amounts included on line 12, Form 990 but not on line 2: (1) Investment expenses not included on line 12, Form 990 line 6b, Form 990 li	C	Line a minus line b	c 9,966,518.	c Line a mir	nus line b		▶ c 9,	556,692.
(1) Investment expenses not included on line 6b, Form 990 \$ (2) Other (specify): Add amounts on lines (1) and (2)		Amounts included on line 12, Form		d Amounts	included on	line 17, Form		
Inclincted on incline 60, Form 990\$ Cother (specify): *	(1)							
line 6b, Form 990 \$	(1)			• •				
Comparison of the first specify: Comparison of the first shown is comparison of the first shown in the first shown is comparison of the first shown in the first shown is comparison of the first shown in the first sho		The state of the s		1		•		
Add amounts on lines (1) and (2) a Total revenue per line 12, form 990 (fine t plus line d) b a 9,966,518. (A) Name and address (B) Title and average hours per week devoted to position (Fine t plus line d) (B) Title and average hours per week devoted to position (Fine t plus line d) (Fine t plus line d) (Fine plus lin	121			i		.•		
Total revenue per time 12, Form 990 (line z plus line d)	1~1	obiai (apacity).		(2) Other (spe	scity).	e		
Total revenue per time 12, Form 990 (line z plus line d)		Add amounts on lines (1) and (2)	d 0.	Add amos	inte on lines	(1) and (2)	——————————————————————————————————————	0 -
Compensation Comp	R	Total revenue per line 12 Form 990						<u></u>
(A) Name and address (B) Title and average hours (C) Compensation (P) contributions to emproyee benefit compensation of more gail, enter (P) compensation of the religion of		(line c plus line d)	a 9,966,518.	(line c plu	s line d)	.0 17,101111 000	▶ a 9.	556.692.
(A) Name and address (B) Title and average hours (C) Compensation (P) contributions to emproyee benefit compensation of more gail, enter (P) compensation of the religion of	Pa	rt V List of Officers, Directors.	Trustees, and Key I	mplovees (List each on	e even if not comper	nsated.)	
SEE STATEMENT 5 787,002 34,783 452,050 .				(B) Title and ave	rage hours	(C) Compensation	(D) Contributions to	(E) Expense
SEE STATEMENT 5 787,002. 34,783. 452,050.		(A) Name and address		per week dev	oted to	(If not paid, enter	plans & deferred	account and other allowances
75 Did any officer, director, trustae, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related				poons			COMPENSATION	
75 Did any officer, director, trustae, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related								
75 Did any officer, director, trustae, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related	ŠĒ:	E STATEMENT 5				787,002.	34,783.	452,050.
75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related	.0.000000							
75 Did any officer, director, trustae, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related								
75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related								
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related								
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related								N 100 2 2 2 2 2 3 10 2 3 10 2 3 2
75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related								
75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related								1
75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related	_							77.55 50.50
	75 1	Did any officer, director, trustee, or key employee r	eceive aggregate compensati	on of more than \$	100,000 fro	m your organization	and all related	

INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

	990 (2003) AND NUMBERS 95-4712	218		Page 5
Pai	1 VI Other Information		Yes	-
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	X	
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		1
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	If "Yes," attach a statement			
80 a	is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization			
	and check whether it is exempt or nonexempt.			
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.			
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than	82a	х	
	fair rental value? If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an		•••	
U				
- 20		**********	X	
33 a		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Α.	Х
34 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
121	tax deductible?	84b	-	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
8	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 858 N/A			
1	Taxable amount of lobbying and political expenditures (line 85d less 85e) 851 N/A			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	**********	200900000
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		
88	501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 12 86a N/A			
-	Gross receipts, included on line 12, for public use of club facilities 88b N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
2000	Gross income from other sources. (Do not net amounts due or paid to other sources			
Þ	against amounts due or received from them.) 87b N/A			
00	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	00000000	0,000,000	68889550
88	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	•••	8	x
00 -	If "Yes," complete Part IX	88		
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	pseciasionii		02325000
-	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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
•	sections 4912, 4955, and 4958			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		(the training	0
90 a	List the states with which a copy of this return is filed CALIFORNIA		72.07.000	
	Number of employees employed in the pay period that includes March 12, 2003			2
91	The books are in care of ▶ DIANE SCHROEDER Telephone no. ▶ 310-82	3-9	358	
	6.00 6 100 000 000 000 000 000 000 000 000 000			
	Located at ► 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA ZIP+4 ► 9	029	2-6	60
92	Section (0.47(a)/4) accordant charitable to set Files Form 200 la file of Form 4844 Objects		▶ . ſ	_
16	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	N/		
32304 12-17-	Se Section of the eventual interest received of accuracy coming the tax year		m 990	10001

		ATIC	N FOR ASSIG	NED		4712210 Dec.
Form 990 (2003) AND N	UMBERS	tion (on near 22 of the instance	diago \	95-	4712218 Page 6
			i business income		led by section 512, 513, or 514	
Note: Enter gross amounts unless otherwindicated.	(4	l) ness	(B) Amount	(C) Exclu-	(D) Amount	(E) Related or exempt
93 Program service revenue:	CO	de		sion code		function income
DOMAIN NAME FEES				\vdash		6,553,239.
b ADDRESS REGISTRY F				-		535,000.
accreditation fees						1,176,147.
d APPLICATION FEES						947,500.
4 Madison Medical description		-		+		
1 Medicare/Medicald payments	£					
g Fees and contracts from government agen				+-+		
94 Membership dues and assessments	1 "			14	12,408.	
95 Interest on savings and temporary cash in98 Dividends and interest from securities				1.4	12,400.	
	30000000000					
97 Net rental income or (loss) from real estate						
a debt-financed property b not debt-financed property				 		
98 Net rental income or (loss) from personal				1		
99 Other investment income				-		
100 Gain or (loss) from sales of assets				1		
other than inventory	}					
101 Net income or (loss) from special events				1		
102 Gross profit or (loss) from sales of invento	i i			1 1		
103 Other revenue:	,,,		············			
8						
b						
£						
d						
я		<u> </u>				
104 Subtotal (add columns (B), (D), and (E))			0.		12,408.	9,211,886.
105 Total (add line 104, columns (B), (D), and	(E))					
Note: Line 105 plus line 1d, Part I, should o	equal the amount on	line 12,	Part I.			
Part VIII Relationship of Activi	ties to the Acc	ompli	hment of Exemp	ot Pur	poses (See page 34 of the	instructions.)
Line No. Explain how each activity for which exempt purposes (other than by p				d import	tantly to the accomplishment	of the organization's
93A FEES CHARGED TO	COORDINATE	ANI	MAINTAIN T	HE	DOMAIN NAME R	EGISTRY
93B FEES CHARGED TO	COORDINATE	ANI	MAINTAIN T	HE	ADDRESS REGIS	TRY
93C ANNUAL FEES CHAR						
93D ONE TIME FEES CH					APPLICATIONS	
Part X Information Regarding	g Taxable Subs	idiari		ed Er		
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of wnership interest		(C) Nature of activities		(D) Total income	(E) End-of-year assets
	%					
N/A	%					
	%					
	%					
Part X Information Regardin	g Transfers As	<u>sociat</u>	ed with Personal	Bene	efit Contracts (See pag	
(a) Did the organization, during the year, rec						Yes X No
(b) Did the organization, during the year, pay				ontract?		Yes X No
Note: If "Yes" to (b), file Form 8870 and	Form 4720 (see Insti	uctions				

Note: If	"Yes" to (b), file Form 8870 and Form 4720 (see instructions).		
Please	Under personal programment of which the personal programment of which correct, and company to the personal pers	iles and statements, and to the best of m preparer has any knowledge.	y knowledge and bellef, it is true,
Sign Here	Signature of officer Date	Type or print name and title.	
Paid	Preparer's signature	Date Check if self-employed	Preparer's SSN or PTIN
Preparer's Use Only	Firm's name (or yours if seif-employed),	EIN ►	
323161 12-17-03	address, and ZIP + 4	Phone n	o. ► (310)342-6900

SCHEDULE A (Form 990 or 990-EZ)

Department of the Traceury internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 601(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

INTERNET CORPORATION FOR ASSIGNED NAMES

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

2003

Employer identification number

OMB No. 1546-0047

AND NUMBERS 95: 4712218 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (b) Title and average hours per week devoted to position (a) Name and address of each employee paid d) Contributions to employee benefit plans & deferred compensation (e) Expense account and other allowances (c) Compensation more than \$50,000 DOUG BARTON IANA MANAGER 4676 ADMIRALTY WAY, MARINA DEL REY CA50 JOHN CRAIN TECHNICAL OPS 4676 ADMIRALTY WAY, MARINA DEL REY CA50 STEVE CONTE IANA ADMIN 4676 ADMIRALTY WAY, MARINA DEL REY CA50 TERESA SWINEHART ATTORNEY 4676 ADMIRALTY WAY, MARINA DEL REY CASO ANNE-RACHEL INNE POLICY ANALYS 4676 ADMIRALTY WAY, MARINA DEL REY CA50 Total number of other employees paid Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms), if there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation JONES, DAY, REAVIS & POGUE LEGAL SERVICES 1769135. COMPASS ROSE INTL INTERNATIONAL ISSUES CONSULTING 168,188. SUMMIT STRATEGIES DOMAIN NAME 81,760. CONSULTINT DECISION MODELING MANAGEMENT CONSULTING 80,925. KENT CRISPIN COMPUTER CONSULTING 82,500. Total number or quiers receiving over \$50,000 for professional services ...

INTERNET CORPORATION FOR ASSIGNED NAMES Schedule A (Form 990 or 990-EZ) 2003 AND NUMBERS

Sch	edule A (F	orm 990 or 990-EZ) 2003 AND NUMBERS 95-47	1221	8 F	age 2
	art III	Statements About Activities (See page 2 of the instructions.)		Yes	No
2	public opi lobbying a or line I o Organizati "Yes," mus During the trustees, o	eyear, has the organization attempted to influence national, state, or local legislation, including any attempt to influence inlon on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the activities \$ (Must equal amounts on line 38, Part VI-A, Fart VI-B.) ons that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking st complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. Experimentally, engaged in any of the following acts with any substantial contributors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such	1		х
		affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," detailed statement explaining the transactions.) SEE STATEMENT 6			
a	Sale, excl	ange, or leasing of property?	2a		X
b	Lending o	f money or other extension of credit?	2b		х
C	Furnishin	g of goods, services, or facilities?	20		X
đ	Payment	of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Х	
e	Transfer (of any part of its income or assets?	2e		X
3 a	Do you m	ake grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	3a		х
b	you deten Do you ha	nine that recipients qualify to receive payments.) ive a section 403(b) annuity plan for your employees?	3b		X
4	Did you n	naintain any separate account for participating donors where donors have the right to provide advice o or distribution of funds?	}		х
	at IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
5 6 7 8 9 10 111 12		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations desc (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).) Provide the following information about the supported organizations. (See page 5 of the instructions.)	,		
_			(b) Li	ne num	ber
		(a) Name(s) of supported organization(s)		rom abo	
		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			

	Support Schedule (C Note: You may use th	Complete only if you ch ne worksheet in the ins	ecked a box on line 10 tructions for converting), 11, or 12.) Use cash g from the accrual to th	method of accounting cash method of acc	ig. ounting.
Calen begin	dar year (or fiscal year ning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(B) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	822,388.	1,230,617.	1,359,178.	442,801.	3,854,984.
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	4,946,253.	5,000,018.	4,422,761.	2,148,223.	16,517,255.
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	18,428.			13,256.	142,470.
19	Net income from unrelated business					
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	-2,306.		SEE STATEME	4,478.	2,172.
23	Total of lines 15 through 22	5,784,763.	6,249,951.	5,873,409.	2,608,758.	20,516,881.
24	Line 23 minus line 17			1,450,648.	460,535.	3,999,626.
25	Enter 1% of line 23	57,848.		<u> </u>		-2.75
26	Organizations described on lines 1				90000000000	N/A
þ	Prepare a list for your records to sho			• • • • • • • • • • • • • • • • • • • •	B00000000	
	unit or publicly supported organization not file this list with your return.					N/A
	Total support for section 509(a)(1) to					N/A
d	Add: Amounts from column (e) for li					
_	(),	22	26b		▶ 26d	N/A
8	Public support (line 26c minus line 2	26d total)			≥ 26e	N/A
	Public support percentage (line 28					N/A 9
27	Organizations described on line 12	: a For amounts included	in lines 15, 16, and 17 th	at were received from a *c	disqualified person," prep	are a list for your
	records to show the name of, and to	tal amounts received in e	ach year from, each "disq	ualified person." Do not fi	ie this list with your retu	rn. Enter the sum of
	such amounts for each year:		E14 011	1 014	005	202 000
_	(2002) 263,289			•		
b	For any amount included in line 17 to and amount received for each year, t		•	, , , , , , ,	•	
	described in lines 5 through 11, as v					
	the larger amount described in (1) o	•	•			
	(2002) 677,375					264,910
C	Add: Amounts from column (e) for ii			16 21		20,372,239
d	Add: Line 27a total 2,0	95,414. ar	d line 27b total	<u>1,688,</u>	307. ▶ 27d	
8	Public support (fine 27c total minus	line 27d total)	• • • • • • • • • • • • • • • • • • • •		278	16,588,518
f	Total support for section 509(a)(2) t			·	516,881.	00 0500
9	Public support percentage (lin					80.85309
, h	Investment income percentage	e (line 18, column (e)	(numerator) divided I	by line 27f (denomina	tor)) 🟲 27h	.69449

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Schedule A (Form 990 or 990-EZ) 2003

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

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) Yes 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing Instrument, or in a resolution of its governing body? 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 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.) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? <u>32b</u> c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 33a b Admissions policies? 33b Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 334 Educational policies? 330 Use of facilities? 33f Athletic programs? 33a Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 34a b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

Schedule A (Form 990 or 990-EZ) 2003

35

Sci	nedule A (Form 990 or 990-EZ		CORPORATION	FOR ASSIGNE		5-4712218 Page 5
	art VI-A Lobbying		cting Public Cha			N/A
Che		ation belongs to an affiliated			ked "a" and "timited contro	of provisions apply.
		mits on Lobbying E	- 11 10 - 12 10 10 10 10 10 10 10 10 10 10 10 10 10		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	(Ina ter	m "expenditures" means amo	ionis paid or incurred.)		N/A	Glocking Grganications
36	Total Johnwing avonaditums t	o influence public epinion (a	meeraale labbulea)	36	M/A	
37	Total lobbying expenditures t Total lobbying expenditures t					
38	Total lobbying expenditures (energence arrangement
39	Other exempt purpose expen					
40	Total exempt purpose expend	libures (add lines 38 and 30)		40		
41	Lobbying nontaxable amount					
•	if the amount on line 40 is -					
	Not over \$500,000			£000000000 F 00		
	Over \$500,000 but not over \$1,000					
	Over \$1,000,000 but not over \$1,5				***************************************	
	Over \$1,500,000 but not over \$17,					
	Over \$17,000,000			1 0000000000000000000000000000000000000		
42	Grassroots nontaxable amou					
43	Subtract line 42 from line 36.					
44	Subtract line 41 from line 38.					
	Caution: If there is an amo	ount on either line 43 or lin	e 44, you must file Fori	n 4720.		
		4 (Some organizations that ma	-Year Averaging Period (Inder Section 501(h) on do not have to comple		
			Lobbying Exp	enditures During 4-Yea	r Averaging Period	N/A
	endar year (or al year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45	Lobbying nontaxable amount					0.
48	Lobbying ceiling amount					

			Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)		(a) 2003	(b) 2002	(c) 2001	(d) 2000	N/A (e) Total			
45	Lobbying nontaxable amount					0.			
46	Lobbying ceiling amount (150% of line 45(e))					0.			
47	Total fobbying expenditures					0.			
48	Grassroots nontaxable amount					0.			
49	Grassroots ceiling amount (150% of line 48(e))					0.			
50	Grassroots lobbying expenditures					0.			

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.) N/A During the year, did the organization attempt to influence national, state or local legislation, including any attempt to Yes Amount No influence public opinion on a legislative matter or referendum, through the use of: a Volunteers Paid staff or management (Include compensation in expenses reported on lines c through h.) Media advertisements Mailings to members, legislators, or the public Publications, or published or broadcast statements f Grants to other organizations for lobbying purposes g Direct contact with legislators, their staffs, government officials, or a legislative body h Railies, demonstrations, seminars, conventions, speeches, lectures, or any other means 0. i Total lobbying expenditures (Add lines c through h.) If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

95-4712218 Page B

Par		garding Transfers To and zations (See page 12 of the instr		d Relationships With Noncharit	able		
51		firectly or indirectly engage in any of		r organization described in section			
•	1 13 13 13	section 501(c)(3) organizations) or in		-			
3		ganization to a noncharitable exempt		intour organizations:		Yes	No
-		- T	1(-)		51a(i)		X
							X
b	Other transactions:		••••••		(,		
_		ate with a noncharitable avenue organ	nization		b(i)	l	x
							X
	(III) Postal of facilities assume	ant or other seests	***************************************		b(iii)	 	X
						 	X
	(iv) Reimbursement arrangeme	ents			. D(14)	 	X
							X
C					. <u> </u>	l	X
q		-	• •	always show the fair market value of the			
		s given by the reporting organization.					
	transaction or sharing arrangen	nent, show in column (d) the value of	f the goods, other assets, o	r services received:		N/A	
(a)		(c)		(d)			
Line r	io. Amount involved	Name of noncharitable exe	empt organization	Description of transfers, transactions, and s	haring ai	rangen	nents
			· · · · · · · · · · · · · · · · · · ·				
							
52 a	is the organization directly or in	idirectly affiliated with, or related to, o	one or more tax-exempt org	anizations described in section 501(c) of the			
				▶ □	Yes	X	No
b	If "Yes," complete the following						
	(8)		(b)	(c)			
	Name of or	ganization	(b) Type of organization	Description of relationsh	ip		
323151 12-05	 03			Schedule A (Forr	n 990 or	990-EZ) 2003

Schedule A

Payments from Disqualified Persons Included on Part IV-A, Line 27a

2003

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2002 Amount	2001 Amount	2000 Amount	1999 Amount
BRITISH TELECOM	6,500.	0.	0.	25,000
EUNET CZEHIA	0.	30,000.	0.	13,809.
INTERNATIONAL BUSINESS MACHINES	0.	0.	0.	100,000.
IL-STIFTELSEN	0.	30,000.	0.	25,000
JAPAN NETWORK INFORMATION CENTER	0.	0.	25,000.	25,000.
AFNIC	0.	46,085.	2,000.	50,000.
NTT COMMUNICATIONS CORP	0.	0.	0.	25,000.
STICHTING INTERNET	85,000.	85,000.	31,579.	25,000
MCI WORLDCOM	0.	0.	0.	15,000.
DENIC EG	0.	85,000.	285,000.	0.
DK HOSTMASTER	0.	0.	48,262.	0.
INTERNATIONAL BANK FOR RECONSTRUCTION	0.	1,837.	50,000.	0.
KOREA NETWORK INFO CENTER	0.	0.	46,021.	0.
NETWORK SOLUTIONS	6,500.	23,618.	341,143.	0.
NOMINET UK	0.	0.	185,000.	0.
IAT CNR INSTITUTE	85,000.	117,400.	0.	0.
SWITCH (CH)	0.	95,371.	0.	0.
COMITE GESTOR INTERNET DO BRASIL	80,289.	0.	0.	0.
	!			
		Ŷ.		
				,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Total to Schedule A, Line 27a	263,289.	514,311.	1,014,005.	303,809

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part IV-A, Line 27b

2003

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2002 Amount	2001 Amount	2000 Amount	1999 Amount
CORE INTERNET COUNCIL	2,517.	0.	0.	33,512
MELBOURNE IT LIMITED	0.	0.	0.	7,486
NETWORK SOLUTIONS	0.	0.	0.	223,912
JV TEAM, LLC	0.	0.	41,266.	0.
NUMBER.TEL LLC	0.	0.	41,266.	0.
AFILIAS	42,067.	12,500.	0.	0.
APNIC	0.	76,540.	0.	0.
ARIN	0.	180,520.	0.	0.
RIPE	0.	231,430.	0.	0.
VERISIGN	217,152.	162,500.	0.	0.
DOTSTER.COM	23,420.	0.	0.	0.
ENOM, INC	113,711.	0.	0.	0.
GO DADDY SOFTWARE	112,200.	0.	0.	0.
IHOLDINGS.COM	37,287.	0.	0.	0.
INTERCOSMOS MEDIA GROUP	29,868.	0.	0.	0.
LAGENBACH GMBH	7,542.	0.	0.	0.
NEULEVEL, INC	22,152.	0.	0.	0.
REGISTRY PRO, LTD	14,899.	0.	0.	0.
SCHLUND & PARTNER AG	12,428.	0.	0.	0.
GLOBAL NAME REGISTRY	42,132.	0.	0.	0.
otal to Schedule A, Line 27b	677,375.	663,490.	82,532.	264,910.

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

Department of the Treasury Internal Revenue Service Name of organization

Schedule of Contributors

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

OMB No. 1545-0047

2003

Employer identification number

INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS 95-4712218 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 box(es) for both the General Rule and a Special Rule-see instructions.) General Rule-For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) Special Rules-For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but

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

requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2003)

they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing

AND N	UMBERS	95	-4712218
Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NEUSTAR -	\$111,060.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	COMITE GESTOR INTERNET-BRASIL	\$ 65,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	STICHTING INTERNET DOMEINREGISTRATIE NEDERLAND	\$ <u>85,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	TAIWAN NETWORK INFORMATION CENTER	\$ 23,021.	Person X 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
5	.AU DOMAIN ADMINISTRATION	\$\$64,644.	Person X 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
<u>6</u>	JAPAN REGISTRY SERVICE	\$ 96,808.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.

Name of organization

INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

Employer identification number

95-4712218

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	AFNIC	\$ <u>36,144.</u>	Person X 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	NASK	\$ 60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	CANADIAL INTERNET REGISTRATION AUTHORITY	\$ 79,900.	Person X Payroli 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
10	INTERNET USERS SOCIETY	\$16,668.	Person X Payroli 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
11	II-STIFTELSEN	\$ 15,000.	Person X Payroli 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	WORLD BANK, INFO DEVELOPMENT PROGRAM	\$15,000.	Person X Payroll

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.

FORM 990 OTHER	CHANGES IN NET	ASSETS OR FUNI	BALANCES	STATEMENT	2
DESCRIPTION				AMOUNT	
BOOK DEPRECIATION IN	EXCESS OF TAX DE	PRECIATION		-5,7	95.
TOTAL TO FORM 990, PA	RT I, LINE 20			-5,7	95.
FORM 990	OTHE	R EXPENSES		STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISI	ng
ADMINISTRATION INSURANCE MISCELLANEOUS COMPUTER CONSULTANTS OTHER CONSULTANTS BAD DEBT EXPENSE	12,395. 164,892. 110,087. 254,394. 1,593,086. 756,204.	9,850. 84,370. 206,241. 1,225,598.	12,395. 155,042. 25,717. 48,153. 367,488. 756,204.		
TOTAL TO FM 990, LN 4:	2,891,058.	1,526,059.	1,364,999.		
FORM 990 OTI	HER EXPENSES NOT	INCLUDED ON F	ORM 990	STATEMENT	4
DESCRIPTION				AMOUNT	
BOOK DEPRECIATION IN I	EXCESS OF FEDERAL	TAX DEPRECIA	TION	5,7	95.
TOTAL TO FORM 990, PAR	RT IV-B		•	5,79	95.

FORM 990 PART V - LIST TRUSTEES	OF OFFICERS, DIRE	CTORS,	STAT	EMENT 5
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
AMADEAU ABRIL I ABIRL 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	3,623.
VINTON CERF 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	11,134.
JONATHAN COHEN 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	6,314.
HANS KRAAIJENBRINK 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	15,837.
ALEJANDRO PISANTY 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	14,712.
LINDA WILSON 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	689.
KARL AUERBACH 1676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	4,083.
IVAN MOURA CAMPOS 1676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	0.
MASANOBU KATOH 1676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	8,244.
ELMUT SCHINK 676 ADMIRALTY WAY IARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	2,817.
.H. KYONG 676 ADMIRALTY WAY ARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	4,075.

INTERNET CORPORATION FOR ASSIGNE	ED NAMES		95	-4712218
N.H. QUAYNOR 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0	0.	4,154.
LYMAN CHAPIN 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	2,317.
DIANE SCHROEDER 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	CHIEF FINANCIAI	OFFICER 85,000. 14	,535.	18,867.
PAUL TWOMEY 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	PRESIDENT/CEO 60	344,319. (A)	0.	212,690.
DR. HAGEN E. HULTZSCH 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	8,264.
HUALIN QIAN 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	6,423.
1676 3534	BOARD MEMBER AS NEEDED	0.	0.	4,084.
MOUHAMET DIOP 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	31,671.
	BOARD MEMBER AS NEEDED	0.	0.	13,889.
THOMAS NILES 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	5,772.
TRICIA DRAKES 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	5,275.
VENI MARKOVSKI 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	2,617.
DANIEL HALLORAN 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	DEPUTY GENERAL 50	COUNSEL 86,850. 8	,685.	16,344.

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

INTERNET CORPORATION FOR ASSIGNED NAME	INTERNET	CORPORATION	FOR	ASSTONED	NAMES
--	----------	-------------	-----	----------	-------

9	_		A	7	1	2	1	1	c
"	J	_	4	1	T	L	4	T	C

KURT PRITZ 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	VICE PRESIDENT 50	-BUSINESS OF 124,583.		17,407.
JOHN JEFFREY 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	SECRETARY/GENE	RAL COUNSEL 146,250.	0.	30,748.
RAIMUNDO BECA 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PARS	r v	787,002.	34,783.	452,050.
SUBSTANTIAL CONT CREATORS	REGARDING ACTIVIT TRIBUTORS, TRUSTE S, KEY EMPLOYEES, ART III, LINE 2	ES, DIRECTOR		EMENT 6

PAUL TWOMEY, PRESIDENT AND CEO, WAS PAID THROUGH ARGO PACIFIC \$344,319 IN COMPENSATION AND WAS REIMBURSED \$212,690 FOR EXPENSES.

JOHN JEFFERY, SECRETARY AND GENERAL COUNSEL, WAS PAID \$146,250 IN COMPENSATION AND WAS REIMBURSED \$30,748 FOR EXPENSES.

DIANE SCHROEDER, CHIEF FINANCIAL OFFICER, WAS PAID \$85,000 IN COMPENSATION AND WAS REIMBURSED \$18,867 FOR EXPENSES.

BOARD MEMBERS WERE REIMBURSED FOR EXPENSES AS SHOWN ON STATEMENT 7. KURT PRITZ, VICE PRESIDENT OF BUSINESS OPERATIONS, WAS PAID \$124,583 IN COMPENSATION AND WAS REIMBURSED \$17,407 FOR EXPENSES

DAN HALLORAN, DEPUTY GENERAL COUNSEL, WAS PAID \$86,850 IN COMPENSATION AND WAS REIMBURSED \$16,344 FOR EXPENSES.

SCHEDULE A	OTHER INC	OME	ST	ATEMENT 7
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
MISCELLANEOUS	-2,306.	0.	0.	4,478.
TOTAL TO SCHEDULE A, LINE 22	-2,306.	0.	0.	4,478.

4562

Department of the Tree Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

990

Form 4562 (2003)

OMB No. 1545-0172

See separate instructions. Attach to your tax return. Name(s) shown on return Business or activity to which this form relates INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS FORM 990 PAGE 2 95-4712218 Part | Election To Expense Certain Tangible Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See instructions for a higher limit for certain businesses 100,000. Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation 3 400,000. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter 0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2002 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election (see instructions) 15 16 Other depreciation (including ACRS) (see instructions) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2003 47,578. 18 If you are electing under section 168(I)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2003 Tax Year Using the General Depreciation System (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions) (a) Classification of property (f) Method (g) Depreciation deduction 190 3-year property 5-year property C 7-year property d 10-year property 15-year property 20-year property 25-year property 9 25 yrs. Residential rental property h 27.5 yrs. ММ 8/1 27.5 yrs. ММ S/L i Nonresidential real property 39 yrs. MM S/L MM S/L Section C - Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the 47,578. 22

23

portion of the basis attributable to section 263A costs.

Form 4562 (2003) Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b if 'Yes,' is the evidence written? (a)
Type of property
(list vehicles first) (b) (c) Yes No Date (d) (e) Business/ **(f) (a)** investment use percentage placed in Cost or for depreciation Recovery Method/ service other basis Depreciation Elected 25 Special depreciation allowance for qualified listed property placed in service during the tax period Convention deduction section 179 cost year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: S/L -% S/L · 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 % S/I . 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 28 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for (a) 30 Total business/investment miles driven during the (b) (c) (d) (e) Vehicle year (do not include commuting miles) Vehicle Vehicle Vehicle Vehicle Vehicle 31 Total commuting miles driven during the year ... 32 Total other personal (noncommuting) miles driven_____ 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes during off-duty hours? No Yes No Yes No Yes Yes No Yes 35 Was the vehicle used primarily by a more No than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (a) Description of costs (b) (c) Date amortization Amortizable amount (e) (1) 42 Amortization of costs that begins during your 2003 tax year: Amortization 43 Amortization of costs that began before your 2003 tax year 44 Total. Add amounts in column (f). See Instructions for where to report 43 316252/10-21-03

44

200	—— California Exempt Organization	FORM
	MONTH DAY YEAR	199
For calenda	Corfiscal year hadinning TUT.V 1 1 2002	MONTH DAY YEAR
	IMPORTANT: Your number is received	
1 _	Federal employer identification number	
21216	83 95-4712218 If a box is checked, enter date	(attach explanation)
	B Check forms filed this year. State:	109 100 1008 10
Corporation/Orga INTERNI		990PF 1041 1120H 111
AND NUM	NACEDO	Section 23701d and is a school, public
Address	charity, religious organization, or is co	entrolled by a religious operation,
	P to Many and an analysis of the Many and an analysis of t	on F. No filing fee is required.
4676 AI	D is this a group filing? See General inst E Accounting method used ACCR	ruction N. Yes X N
O.ty	State ZIP Code F Type of corresponding	
		t under Section 23701 (Insert letter) otion 4947(a)(1) trust
Part I Co	instructions B and C	
Receipts	1 Gross sales or receipts from other sources, From Side 2, Part II, line 8	• 1 9,224,294
and	and assessments from members and affiliates	• 2
Revenues	STMT 1	• 3 742,224
	4 Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed if the recult is less than \$50,000 and \$50,0	
(Attach chack	This line must be completed. If the result is less than \$25,000, see General Instruction C Cost of goods sold 5	• 4 9,966,518
or money order here.)	6 Cost or other basis, and sales expenses of assets sold 6	
	/ Total costs. Add line 5 and line 6	7
		0 000 000
Expenses	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	0 555 500
	- 10000 of 10001pts over expenses and dispulsements. Suntract line o from line o	100 000
Filing	11 1 mily 100 \$10 UT \$25. 500 General Instruction F	
Fee	49 Use As Community of time, 356 General instruction L	12
	14 Balance due. Add line 11, line 12, and line 13	• 13
5 If exempt u	Inder R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2)	14 10
	TO BIOMETON OF ANY VARIOUS REGISTERS OF 13 111200 AN AMERICAN FINDER DETP CONTON 22704 & American American	
	"	UDIKC
	The state of the s	
	Porto to the Lighting 14% DUSIN I YAS COMMISTS an evolunation and effects again at the contract of	X Yes N
•	and the state of the to opposit 53/0 ld k	Yes X
8 Did the om:	er amount of gross receipts from nonmember sources \$	
If "Yes." ent	anization file Form 100, Form 100S, 100W, or Form 109 to report taxable income?	Yes X N
9 The financia	I records are in care of DTANE SCUDOEDED	
	Dayishie telephi	one <u>310-823-9358</u>
located at _	4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	6601
lease it is	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of the personal complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled	of my knowledge and belief,
ign	A X PAYER & COMM	dge.
Bre	Signature of officer	•
Pale	d Date Title	Daytime telephone
sign	parer's Date Check if	Paid preparer's SSN or PTIN
	n's name seif-employed]• P00116676
a Only If se	WIND BREMER HOCKENBERG, LLP	20 2050240
emp	bloyed) 6100 CENTER DRIVE, SUITE 600	20-2050349
8941/11-29-03	LOS ANGELES, CA 90045	
IT I 1-28-U3	The state of the s	1010/347-0300

INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS

95-4712218

Part II or	rganizations with gross receipts of art II or furnish substitute informat	more than \$25,000 and private		5-4712218	- eamn	inte
		ion. Sae Specific Line Instruction all business activities. See inst	110,			
	2 Interest		tructions	······	1	
2	3 Dividends		••••••	***************************************	2	12,408
Receipts	4 01000 lelito	***************************************			4	
from Other	o dross royames			Г	5	
Sources	a and annount techined tin	IIII Sale oi asseis	***************************************	1	6	
			SEE STAT	EMENT 3	7	9,211,886
	Enter here and on Side 1 to	ts from other sources. Add line 1	through line 7.			
	9 Contributions gifts grants	Part I, line 1	•••••		8	9,224,294
	10 Disbursements to or for me	embers	• • • • • • • • • • • • • • • • • • • •	•••••	9	
	11 Compensation of officers, (directors, and trustees	SEE STAT	EMENTO A	10	707 000
Expenses	12 Other salaries and wages			eneni 4	11	787,002
and					12	1,129,093
Disburse-		***************************************		1	14	15,516 123,266
ments		•••••		I	15	517,972
	- a abicolation and debiedioti	***************************************		1	15	47,578
	***************************************		SEE STATE	E-MATERIATION IS.	17	6,936,265
Schedule	18 Total expenses and disburs L Balance Sheets	ements. Add line 9 through line 1	7. Enter here and on Side 1, Pa	rt I, line 9	18	9,556,692
Assets	F paratife 2112012	Beginning of t		End :	of taxab	le year
	***************************************	(a)	(b)	(c)		(d)
The state of the s	nts receivable		1,356,417.			2,539,344.
3 Net notes r	eceivable	-	3,361,251.			2,872,268.
4 Inventories		-				
5 Federal and	state government obligations	-				
6 Investment	s in other bonds					
7 Investment	s in stock	1 -				
8 Mortgage id	oans (number of loans)				-	
9 Other Inves	tments					
10 a Deprecia	ble assets	478,943.		669,64	4	
D Less acc	umulated depreciation	(366,240.)	112,703.(419,612	•)	250,032.
II Lang	Control C					200/032.
3 Total secate	STMT 6		80,998.			35,625.
labilities and o	set worth	_	4,911,369.			5,697,269.
4 Accounts pa	gyable	-	F72 220			
5 Contribution	ns, gifts, or grants payable	-	572,330.			901,744.
8 Bonds and r	notes payable				-	
7 Mortgages p	payable				-	
8 Other liabiliti	ies STMT 7		603,177.			655 633
9 Capital stock	k or principle fund				-	655,632.
O Paid-in or capi	tal surplus. Attach reconciliation				-	
1 Retained ear	mings or income fund		3,735,862.			4,139,893.
2 Total liabilitie	es and net worth		A 011 260			5,697,269.
schedule	M-1 Reconciliation of income Do not complete this sche	per books with income per ratu dule if the amount on Schedule L				0,001,200.
1 Net income p	per books	409,826	., lifte 13, column (d), is less tha	n \$25,000		VACOUNT
2 Federal incor	me tax	403,020	–			
Excess of cap	pital losses over capital gains	100	7 Income recorded on boo	oks this year		· ·
I income not r	poorded on backs this		not included in this retur	n		
	achinen ou pooks this		88			CONTRACTOR OF THE STATE OF THE
year			8 Deductions in this return	not shared		
Expenses rec	corded on books this year not		8 Deductions in this return	not charged		
Expenses rec deducted in t			against book income this	year		
 Expenses rec deducted in t Total 	corded on books this year not		against book income this	year		

FORM 199 (CASH	CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3		STATEMENT 1
CONTRIBUTOR'S NAME		CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
NEUSTAR		*		111 000
COMITE GESTOR INTERNET-BRASIL				111,060.
STICHTING INTERNET DOMEINREGISTRATIE		a.		65,000.
NEDERLAND				85,000.
TAIWAN NETWORK INFORMATION CENTER				23,021.
.AU DOMAIN ADMINISTRAT	ION			
JAPAN REGISTRY SERVICE				64,644.
AFNIC				96,808.
JA CW				36,144.
NASK				60,000.
CANADIAL INTERNET REGISTRATION AUTHORITY				
INTERNET USERS SOCIETY				79,900.
II-STIFTELSEN				16,668.
ORLD BANK, INFO				15,000.
EVELOPMENT PROGRAM				
				15,000.
OTAL INCLUDED ON LINE	3			668,245.

2

FOOTNOTES

STATEMENT

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

FORM 199 OTHER	RINCOME	STATEMENT 3
DESCRIPTION		AMOUNT
DOMAIN NAME FEES ADDRESS REGISTRY FEES ACCREDITATION FEES APPLICATION FEES		6,553,239. 535,000. 1,176,147. 947,500.
TOTAL TO FORM 199, PART II, LINE 7		9,211,886.
FORM 199 COMPENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 4
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
AMADEAU ABRIL I ABIRL 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
VINTON CERF 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
JONATHAN COHEN 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
HANS KRAAIJENBRINK 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
ALEJANDRO PISANTY 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
	BOARD MEMBER AS NEEDED	0.
A 6 / 6 A DMTD AT MY TAYAY	BOARD MEMBER AS NEEDED	0.
	BOARD MEMBER AS NEEDED	0.

INTERNET CORPORATION FOR ASSI	GNED NAMES	95-4712218
MASANOBU KATOH 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0 -
HELMUT SCHINK 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0
S.H. KYONG 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NFEDED	0.,
N.H. QUAYNOR 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
LYMAN CHAPIN 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
DIANE SCHROEDER 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	CHIEF FINANCIAL OFFICER	
PAUL TWOMEY 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	PRESIDENT/CEO 60	344,319. (/
DR. HAGEN E. HULTZSCH 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
HUALIN QIAN 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
MICHAEL D. PALAGE 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
MOUHAMET DIOP 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0
NJERI RIONGE 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.
THOMAS NILES 4676 ADMIRALTY WAY MARINA DEL REY, CA 90292	BOARD MEMBER AS NEEDED	0.

⁽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.

TRICIA DRAKES BOARD MEMBER AS NEEDED	INTERNET CORPORATION FOR ASSIGNED NA	MES	95-4712218
### AS NEEDED ### MARINA DEL REY, CA 90292 ### AS NEEDED ### AS	4676 ADMIRALTY WAY		0.
### AGT A ADMIRALITY WAY MARINA DEL REY, CA 90292 ### CA	4676 ADMIRALTY WAY		0.
### AGT A ADMIRALTY WAY MARINA DEL REY, CA 90292 JOHN JEFFREY SECRETARY/GENERAL COUNSEL 50 ###################################	4676 ADMIRALTY WAY		86,850.
### AGT ADMIRALTY WAY MARINA DEL REY, CA 90292 RAIMUNDO BECA BOARD MEMBER AS NEEDED ################################	4676 ADMIRALTY WAY		124,583.
### AS NEEDED ### MARINA DEL REY, CA 90292 ### TOTAL TO FORM 199, PART II, LINE 11 ### TOTAL TO FORM 199, PART II, LINE 19 ### TOTAL TO FORM 199, PART II, LINE 19 ### TOTAL TO FORM 199, PART II, LINE 19 ### TOTAL TO FORM 199, PART II, LINE 19 ### TOTAL TO FORM 199, PART II, LINE 19 ### TOTAL TO FORM 199, PART II, LINE 19 ### TOTAL TO FORM 199, PART II, LINE 19 ### TOTAL TO FORM 199, PART II, LINE 19 ### TOTAL TO FORM 199, PART II, LINE 19 ### TOTAL TO FORM 199, PART II, LINE 19 ### TOTAL TO FORM 199, PART II, LINE 19 ### TOTAL TO FORM 199, PART II, LINE 19 ### TOTAL TO FORM 199, PART II, LINE 19 ### TOTAL TO FORM 199, PART II, LINE 19 ### TOTAL TO FORM 199, PART II, LINE 19 ### TOTAL TO FORM 199, PART II, L	4676 ADMIRALTY WAY		146,250.
DESCRIPTION	4676 ADMIRALTY WAY		0.
DESCRIPTION AMOUNT ADMINISTRATION 12,395. INSURANCE 164,892. MISCELLANEOUS 110,087. COMPUTER CONSULTANTS 254,394. OTHER CONSULTANTS 1,593,086. BAD DEBT EXPENSE 756,204. PENSION PLAN CONTRIBUTIONS 206,431. OTHER EMPLOYEE BENEFITS 115,002. ACCOUNTING FEES 42,000. LEGAL FEES 1,941,823. SUPPLIES 27,306. TELEPHONE 214,396. POSTAGE AND SHIPPING 16,242. PRINTING AND PUBLICATIONS 140,366. TRAVEL 1,295,150. CONFERENCES, CONVENTIONS AND MEETINGS 46,491.	TOTAL TO FORM 199, PART II, LINE 11		787,002.
ADMINISTRATION 12,395. INSURANCE 164,892. MISCELLANEOUS 110,087. COMPUTER CONSULTANTS 254,394. OTHER CONSULTANTS 1,593,086. BAD DEBT EXPENSE 756,204. PENSION PLAN CONTRIBUTIONS 206,431. OTHER EMPLOYEE BENEFITS 115,002. ACCOUNTING FEES 42,000. LEGAL FEES 1,941,823. SUPPLIES 27,306. TELEPHONE 214,396. POSTAGE AND SHIPPING 214,396. POSTAGE AND PUBLICATIONS 140,366. TRAVEL CONFERENCES, CONVENTIONS AND MEETINGS 46,491.			
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TOTAL TO FORM 199, PART II, LINE 17 6,936,265.		EXPENSES	AMOUNT
	DESCRIPTION ADMINISTRATION INSURANCE MISCELLANEOUS COMPUTER CONSULTANTS OTHER CONSULTANTS BAD DEBT EXPENSE PENSION PLAN CONTRIBUTIONS OTHER EMPLOYEE BENEFITS ACCOUNTING FEES LEGAL FEES SUPPLIES TELEPHONE POSTAGE AND SHIPPING PRINTING AND PUBLICATIONS TRAVEL	EXPENSES	AMOUNT 12,395. 164,892. 110,087. 254,394. 1,593,086. 756,204. 206,431. 115,002. 42,000. 1,941,823. 27,306. 214,396. 16,242. 140,366. 1,295,150.

FORM 199	OTHER ASSETS		STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEA	ıR
PREPAID EXPENSES AND DEFERRED OF	CHARGES	75,998. 5,000.	35,62	0.
TOTAL TO FORM 199, SCHEDULE L,	LINE 12	80,998.	35,625	
FORM 199	OTHER LIABILITIES		STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEA	R
LOANS PAYABLE DEFERRED REVENUE		3,705. 599,472.	655,63	0 . 2 .
TOTAL TO FORM 199, SCHEDULE L,	LINE 18	603,177.	655,63	2.
FORM 199	FUND BALANCES		STATEMENT	8
DESCRIPTION		BEG. OF YEAR	END OF YEAR	R
UNRESTRICTED ASSETS		3,735,862.	4,139,89	<u> </u>
TOTAL TO FORM 199, SCHEDULE L,	LINE 21	3,735,862.	4,139,89	

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

REGISTRATION/RENEWAL FEE REPORT

TO ATTORNEY GENERAL OF CALIFORNIA Sections 12586 and 12587, California Government Code 11 CCR Sections 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1.

IRS FORM 990 EXTENSIONS WILL BE HONORED

INS FORM 980 EXTENSIONS	WILL BE HONOKED			
State Charity Registration Number: CT 111047	Check if:			
TYPEDVER COPPORATOR TO DESCRIPTION	Change of address			
INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS Name of Organization	Amended report			
4676 ADMIRALTY WAY, NO. 330 Address (Number and Street)	Corporate or Organization No. 2121683			
MARINA DEL REY, CA 90292-6601 City or Yown, State and ZIP Code	Federal Employer I.D. No. 95-4712218			
PART A - ACTIVITIES		Yes	No	
During your most recent full accounting period did your gross receipts or	total assets equal \$100,000 or more?	х		
Note: If the answer is yes, you are required by Title 11 of the California Co in the amount of \$25.00 to this report. Make check payable to Depa	de of Regulations, §§311 and 312, to attach a check rtment of Justice.	.1	L	
2. For your most recent full accounting period (beginning 07/01/20	003 ending 06/30/2004) list:			
Gross receipts \$ 9,966,518. Total assets \$	5,697,269.			
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIO	D OF THIS REPORT			
Note: If you answer "yes" to any of the questions below, you must attach and details for each "yes" response, Please review RRF-1 instruction	a separate sheet providing an explanation ns for information required.			
		Yes	No	
 During this reporting period, were there any contracts, loans, leases or oth and any officer, director or trustee thereof either directly or with an entity in any financial interest? 	ner financial transactions between the organization n which any such officer, director or trustee had		х	
During this reporting period, was there any theft, embezzlement, diversion or funds?	or misuse of the organization's charitable property		X	
During this reporting period, did non-program expenditures exceed 50% of the control of the	f gross revenues?		X	
 During this reporting period, were any organization funds used to pay any with the Internal Revenue Service, attach a copy. 	penalty, fine or judgment? If you filed a Form 4720		х	
 During this reporting period, were the services of a professional fundralser or fundraising counsel used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. 				
During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.				
 During this reporting period, did the organization hold a raffle for charitable the number of raffles and the date(s) they occurred. 			X	
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser.				
Organization's area code and telephone number 310-823-9358	miora (analaso).	_l	X	
Organization's e-mail address				
i declare under penalty with the light companying documents, and to the best of my knowledge and belief, it is true, correct and complete.				
Signature of authorized officer Printed Name	Title Date	.		
			- 1	