

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public Inspection****A** For the 2013 calendar year, or tax year beginning

07/01, 2013, and ending

06/30, 2014

**B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input checked="" type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

**C** Name of organization

INTERNET CORP FOR ASSIGNED NAMES &amp; NUMBERS

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

12025 WATERFRONT DRIVE

Room/suite

300

City or town, state or province, country, and ZIP or foreign postal code

LOS ANGELES, CA 90094-2536

**F** Name and address of principal officer:

FADI CHEHADE

12025 WATERFRONT DRIVE LOS ANGELES, CA 90094

**D** Employer identification number

95-4712218

**E** Telephone number

(310) 301-5800

**G** Gross receipts \$ 133,244,227.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.ICANN.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1998 **M** State of legal domicile: CA**Part I Summary****1** Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a) **3** 16.**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** 13.**5** Total number of individuals employed in calendar year 2013 (Part V, line 2a) **5** 217.**6** Total number of volunteers (estimate if necessary) **6** 20.**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a** 0**b** Net unrelated business taxable income from Form 990-T, line 34 **7b** 0

		Prior Year	Current Year
		656,512.	2,072,140.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	235,661,084.	121,311,659.
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,411,378.	4,430,521.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	176,600.	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	238,905,574.	127,814,320.

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<b>Expenses</b>	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	359,178.	1,864,400.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	32,314,216.	46,194,171.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0

<b>Net Assets or Fund Balances</b>	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	117,717,096.	76,208,820.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	150,390,490.	124,267,391.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	88,515,084.	3,546,929.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	399,446,318.	355,256,415.

<b>19</b> Revenue less expenses. Subtract line 18 from line 12	215,952,580.	162,152,075.
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<b>20</b> Total assets (Part X, line 16)	183,493,738.	193,104,340.
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<b>21</b> Total liabilities (Part X, line 26)		
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<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.		
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**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer

Date

XAVIER CALVEZ

CFO

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name

EVA NITTA

Preparer's signature

Date

04/27/16

Check ☐ if self-employed

PTIN

P01286320

Firm's name ▶

ERNST &amp; YOUNG U.S. LLP

Firm's EIN ▶

34-6565596

Firm's address ▶

4370 LA JOLLA VILLAGE DRIVE STE 500 SAN DIEGO, CA 92122

Phone no.

858-535-7200

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

SEE SCHEDULE O.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 89,375,394. including grants of \$ 1,864,408. ) (Revenue \$ 121,311,859. )  
SEE SCHEDULE O.**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 89,375,394.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	X
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
25 a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II . . . . .	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . . .	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34	X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. . . . .	35b	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	X

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**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 170		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 217		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country: <u>ATTACHMENT 1</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒ X

### Section A. Governing Body and Management

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 16		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 13		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . <b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . . <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . <b>7a</b>	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . <b>9</b>		X

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . . <b>10a</b>	X	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . <b>10b</b>	X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . . <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization . . . . . <b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16a</b>		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . <b>16b</b>		

### Section C. Disclosure

**17** List the states with which a copy of this Form 990 is required to be filed ☒ CA

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ☒ XAVIER CALVES 12025 WATERFRONT DRIVE, SUITE 300 LOS ANGELES, CA 90094-2536 310-301-5833



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SEBASTIEN BACHOLLET DIRECTOR	16.00 0	X						36,667.	0	0
(2) CHERINE CHALABY DIRECTOR	16.00 0	X						42,263.	0	0
(3) FADI CHEHADE CHIEF EXECUTIVE OFFICER	60.00 0	X		X				842,888.	0	56,192.
(4) STEVE CROCKER DIRECTOR	16.00 0	X						75,000.	0	0
(5) BERTRAND DE LA CHAPELLE DIRECTOR (THRU NOV 2013)	16.00 0	X						31,209.	0	0
(6) CHRIS DISSPAIN DIRECTOR	16.00 0	X						0	0	0
(7) WILLAM RALPH GRAHAM DIRECTOR	16.00 0	X						36,667.	0	0
(8) WOLFGANG KLEINWACHTER DIRECTOR	16.00 0	X						0	0	0
(9) BRUNO LANVIN DIRECTOR	16.00 0	X						0	0	0
(10) OLGA MADRUGA-FORTI DIRECTOR	16.00 0	X						35,000.	0	0
(11) ERIKA MANN DIRECTOR	16.00 0	X						36,667.	0	0
(12) GONZALO NAVARRO DIRECTOR	16.00 0	X						35,000.	0	0
(13) RAYMOND A. PLZAK DIRECTOR	16.00 0	X						40,000.	0	0
(14) GEORGE SADOWSKY DIRECTOR	16.00 0	X						40,000.	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) MIKE SILBER DIRECTOR	16.00 0	X						36,667.	0	0
( 16) BRUCE TONKIN DIRECTOR	16.00 0	X						0	0	0
( 17) JUDITH DUAVIT VAZQUEZ DIRECTOR (THRU NOV 2013)	16.00 0	X						0	0	0
( 18) KUO-WEI WU DIRECTOR	16.00 0	X						40,000.	0	0
( 19) AKRAM ATALLAH PRESIDENT, GENERIC DOMAINS DIV	60.00 0			X				654,022.	0	59,442.
( 20) SUSANNA BENNETT CHIEF OPERATING OFFICER	60.00 0			X				258,102.	0	36,256.
( 21) XAVIER CALVEZ CHIEF FINANCIAL OFFICER	60.00 0			X				373,019.	0	54,034.
( 22) JOHN JEFFREY GENERAL COUNSEL & SECRETARY	60.00 0			X				570,564.	0	38,692.
( 23) DAVID OLIVE VP, POLICY DEVELOPMENT	60.00 0			X				327,862.	0	55,927.
( 24) STEVE ANTONOFF DIRECTOR, HR OPERATION SERVICE	60.00 0				X			229,099.	0	41,498.
( 25) ELISE GERICH VP, IANA & TECHNICAL OPERATIONS	60.00 0				X			286,803.	0	48,674.
<b>1b Sub-total</b>								1,251,361.	0	56,192.
<b>c Total from continuation sheets to Part VII, Section A</b>								5,587,291.	0	814,183.
<b>d Total (add lines 1b and 1c)</b>								6,838,652.	0	870,375.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **92**

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3**
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4**
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5**

Yes No

3 X

4 X

5 X

**Section B. Independent Contractors**

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **203**



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) JAMES HEDLUND ADVISOR TO THE PRESIDENT	60.00 0				X			357,320.	0	55,927.
( 27 ) JEFFREY MOSS CHIEF SECURITY OFFICER	60.00 0				X			427,028.	0	48,540.
( 28 ) NICK TOMASSO SR DIR, MEETING OPERATIONS	60.00 0				X			231,248.	0	47,207.
( 29 ) CHRISTINE WILLETT VP, GTLD OPERATIONS	60.00 0				X			330,065.	0	55,195.
( 30 ) DANIEL HALLORAN DEPUTY GENERAL COUNSEL	60.00 0					X		272,317.	0	56,192.
( 31 ) DENISE MICHEL VP, STRAT INIT/ADVISOR TO PRES	60.00 0					X		326,594.	0	59,442.
( 32 ) CYRUS NAMAZI VP, DNS INDUSTRY ENGAGEMENT	60.00 0					X		288,143.	0	53,787.
( 33 ) MAGUY SERAD VP, CONTRACTUAL COMPLIANCE SVC	60.00 0					X		279,965.	0	59,945.
( 34 ) AMY STATHOS DEPUTY GENERAL COUNSEL	60.00 0					X		298,473.	0	43,425.
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **92**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

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

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

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

**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . . . . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	2,072,140.			
	g	Noncash contributions included in lines 1a-1f. \$ . . . . .					
	h	<b>Total.</b> Add lines 1a-1f . . . . .		2,072,140.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	2a	NEW GTLD PROGRAM REVENUE . . . . .	900099	37,176,623.	37,176,623.		
	b	REGISTRY/REGISTRAR FEES . . . . .	900099	77,271,574.	77,271,574.		
	c	ACCREDITATION FEES . . . . .	900099	4,084,667.	4,084,667.		
	d	SPONSORSHIPS . . . . .	900099	1,268,295.	1,268,295.		
	e	ADDRESS REGISTRY FEES . . . . .	900099	823,000.	823,000.		
	f	All other program service revenue . . . . .		687,500.	687,500.		
	g	<b>Total.</b> Add lines 2a-2f . . . . .		121,311,659.			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		2,783,804.			2,783,804.
	4	Income from investment of tax-exempt bond proceeds . . . . .		0			
	5	Royalties . . . . .		0			
			(i) Real	(ii) Personal			
	6a	Gross rents . . . . .					
	b	Less: rental expenses . . . . .					
	c	Rental income or (loss) . . . . .					
	d	Net rental income or (loss) . . . . .		0			
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
			7,076,624.				
	b	Less: cost or other basis and sales expenses . . . . .					
			5,429,907.				
	c	Gain or (loss) . . . . .					
	d	Net gain or (loss) . . . . .			1,646,717.		1,646,717.
	8a	Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18 . . . . .	a				
	b	Less: direct expenses . . . . .	b				
	c	Net income or (loss) from fundraising events . . . . .		0			
	9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	a				
	b	Less: direct expenses . . . . .	b				
	c	Net income or (loss) from gaming activities . . . . .		0			
10a	Gross sales of inventory, less returns and allowances . . . . .	a					
b	Less: cost of goods sold . . . . .	b					
c	Net income or (loss) from sales of inventory . . . . .		0				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
11a							
b							
c							
d	All other revenue . . . . .						
e	<b>Total.</b> Add lines 11a-11d . . . . .		0				
12	<b>Total revenue.</b> See instructions . . . . .		127,814,320.	121,211,659.		4,430,551.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

☒ X**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	176,600.	176,600.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	1,687,800.	1,687,800.		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	5,970,748.	4,495,382.	1,475,366.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	30,959,961.	23,426,655.	7,533,306.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	2,867,016.	2,169,402.	697,614.	
9 Other employee benefits . . . . .	4,113,778.	2,760,925.	1,352,853.	
10 Payroll taxes . . . . .	2,282,668.	1,727,240.	555,428.	
11 Fees for services (non-employees):				
a Management . . . . .	271,811.		271,811.	
b Legal . . . . .	4,112,879.	2,760,322.	1,352,557.	
c Accounting . . . . .	895,335.		895,335.	
d Lobbying . . . . .	540,406.	540,406.		
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees . . . . .	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	28,023,833.	18,807,941.	9,215,892.	
12 Advertising and promotion . . . . .	225,172.	151,122.	74,050.	
13 Office expenses . . . . .	688,270.	461,926.	226,344.	
14 Information technology . . . . .	6,554,184.	4,398,781.	2,155,403.	
15 Royalties . . . . .	0			
16 Occupancy . . . . .	4,623,012.	3,102,693.	1,520,319.	
17 Travel . . . . .	17,203,898.	11,546,240.	5,657,658.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	6,680,237.	6,680,237.		
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	4,695,672.	3,151,458.	1,544,214.	
23 Insurance . . . . .	531,643.	356,807.	174,836.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RISK COSTS GTLD . . . . .	533,218.	533,218.		
b BAD DEBT . . . . .	209,276.	140,215.	69,061.	
c DUES & SUBSCRIPTIONS . . . . .	333,674.	223,562.	110,112.	
d MISC (VAT, TAX & LICENSE) . . . . .	86,300.	76,462.	9,838.	
e All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24e . . . . .	124,267,391.	89,375,394.	34,891,997.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	64,887,132.	1	24,610,589.
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	25,136,432.	4	26,604,975.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	3,615,128.	9	1,404,590.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 27,880,619.		
	b Less: accumulated depreciation	10b 11,141,016.	8,517,556.	10c 16,739,603.
	11 Investments - publicly traded securities	294,873,768.	11	285,063,325.
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	2,416,302.	15	833,333.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	399,446,318.	16	355,256,415.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	24,849,786.	17	16,224,238.
	18 Grants payable	0	18	0
	19 Deferred revenue	191,102,794.	19	145,927,837.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 <b>Total liabilities.</b> Add lines 17 through 25	215,952,580.	26	162,152,075.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	183,493,738.	27	193,104,340.
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	183,493,738.	33	193,104,340.
	34 <b>Total liabilities and net assets/fund balances.</b>	399,446,318.	34	355,256,415.

Form 990 (2013)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	127,814,320.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	124,267,391.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	3,546,929.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	183,493,738.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	6,623,234.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0
<b>7</b>	Investment expenses . . . . .	<b>7</b>	-427,476.
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-132,085.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	193,104,340.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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

Form **990** (2013)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number

95-4712218

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ 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 exempt 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).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a ☐ Type I    b ☐ Type II    c ☐ Type III-Functionally integrated    d ☐ Type III-Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
  - (ii) A family member of a person described in (i) above? ☐
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013



**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,666,781.	1,990,805.	2,621,270.	656,512.	2,072,140.	9,007,508.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	64,096,971.	67,302,790.	69,791,646.	235,837,684.	121,311,659.	558,340,750.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
6 Total. Add lines 1 through 5 . . . . .	65,763,752.	69,293,595.	72,412,916.	236,494,196.	123,383,799.	567,348,258.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .	37,586,921.	40,172,642.	43,321,965.	39,257,218.	37,543,078.	197,881,824.
c Add lines 7a and 7b. . . . .	37,586,921.	40,172,642.	43,321,965.	39,257,218.	37,543,078.	197,881,824.
8 Public support (Subtract line 7c from line 6.) . . . . .						369,466,434.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6. . . . .	65,763,752.	69,293,595.	72,412,916.	236,494,196.	123,383,799.	567,348,258.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	2,454,129.	2,260,733.	551,635.	2,411,378.	2,783,804.	10,461,679.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .					0	0
c Add lines 10a and 10b . . . . .	2,454,129.	2,260,733.	551,635.	2,411,378.	2,783,804.	10,461,679.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .					0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .	68,217,881.	71,554,328.	72,964,551.	238,905,574.	126,167,603.	577,809,937.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . .	15	63.94 %
16 Public support percentage from 2012 Schedule A, Part III, line 15. . . . .	16	60.82 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	1.81 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .	18	1.88 %

- 19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒ X
- b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

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**Schedule B**(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

**2013**

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

INTERNET CORP FOR ASSIGNED NAMES &amp; NUMBERS

Employer identification number

95-4712218

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization **INTERNET CORP FOR ASSIGNED NAMES & NUMBERS**Employer identification number  
95-4712218**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 280,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 17,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **INTERNET CORP FOR ASSIGNED NAMES & NUMBERS**Employer identification number  
95-4712218**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization INTERNET CORP FOR ASSIGNED NAMES &amp; NUMBERS

Employer identification number  
95-4712218**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **INTERNET CORP FOR ASSIGNED NAMES & NUMBERS**Employer identification number  
95-4712218**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 25,872.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **INTERNET CORP FOR ASSIGNED NAMES & NUMBERS**Employer identification number  
**95-4712218****Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 82,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERNET CORP FOR ASSIGNED NAMES &amp; NUMBERS

Employer identification number  
95-4712218**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	TEHNOLOSKI PARK 18	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **INTERNET CORP FOR ASSIGNED NAMES & NUMBERS**Employer identification number  
**95-4712218****Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERNET CORP FOR ASSIGNED NAMES &amp; NUMBERS

Employer identification number

95-4712218

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----



Name of organization INTERNET CORP FOR ASSIGNED NAMES &amp; NUMBERS

Employer identification number

95-4712218

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization <b>INTERNET CORP FOR ASSIGNED NAMES &amp; NUMBERS</b>	Employer identification number <b>95-4712218</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$
- 3 Volunteer hours . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No
- 4a Was a correction made? . . . . . ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. . . . . ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2013

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No														

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		576,138.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?		X	
j	Total. Add lines 1c through 1i			576,138.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

LOBBYING EXPENDITURES

SCHEDULE C PART II-B

THE ORGANIZATION UTILIZED THE SERVICES OF A STAFF REGISTERED LOBBYIST AND

TWO GOVERNMENT AFFAIRS FIRMS DURING THE YEAR ENDED JUNE 30, 2014, FOR A

COST OF \$576,138.

**Part IV** Supplemental Information *(continued)*

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2013

Open to Public  
Inspection

Employer identification number

95-4712218

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

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

Schedule D (Form 990) 2013

JSA  
3E1268 2.000

2096JW 2020

AMENDED RETURN

PAGE 32



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. . . . . ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☐ %  
 c Temporarily restricted endowment ☐ %  
 The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		4,011,559.	734,491.	3,277,068.
d Equipment . . . . .		22,092,327.	10,406,525.	11,685,802.
e Other . . . . .		1,776,733.		1,776,733.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				16,739,603.

Schedule D (Form 990) 2013

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) . . . . .		
(2) . . . . .		
(3) . . . . .		
(4) . . . . .		
(5) . . . . .		
(6) . . . . .		
(7) . . . . .		
(8) . . . . .		
(9) . . . . .		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) . . . . .	
(2) . . . . .	
(3) . . . . .	
(4) . . . . .	
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes . . . . .	
(2) . . . . .	
(3) . . . . .	
(4) . . . . .	
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	134,010,078.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	6,623,234.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	6,623,234.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	127,386,844.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	427,476.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	427,476.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	127,814,320.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	124,399,476.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	132,085.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	132,085.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	124,267,391.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	124,267,391.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

FORM 990, SCHEDULE D, PART X, LINE 2

ASC 740-10 FOOTNOTE

ICANN IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23071(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. HOWEVER, ICANN IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE BASIC FINANCIAL STATEMENTS TAKEN AS A WHOLE.

ICANN BELIEVES IT IS IN COMPLIANCE WITH ALL APPLICABLE LAWS, HOWEVER, UPON AUDIT BY A TAXING AUTHORITY, IF AMOUNTS ARE FOUND DUE, ICANN MAY BE LIABLE FOR SUCH TAXES. MANAGEMENT HAS ANALYZED ICANN'S TAX POSITIONS TAKEN ON FEDERAL AND STATE INCOME TAX RETURNS FOR ALL OPEN TAX YEARS AND HAS CONCLUDED THAT, AS OF JUNE 30, 2014 AND 2013, NO LIABILITIES ARE REQUIRED TO BE RECORDED IN CONNECTION WITH SUCH TAX POSITIONS IN ICANN'S FINANCIAL STATEMENTS. THE FISCAL 2009 THROUGH 2013 TAX YEARS REMAIN OPEN FOR EXAMINATION BY THE TAXING AUTHORITIES. NO INTEREST OR PENALTIES ARE RECOGNIZED DURING THE YEAR AS ICANN HAS NOT RECORDED INCOME TAX CONTINGENCIES. ICANN IS NOT UNDER EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR ANY OPEN TAX YEARS.

**Part XIII** Supplemental Information (continued)

FORM 990, SCHEDULE D, PART XII, LINE 2D

FOREIGN EXCHANGE GAIN(LOSS) \$132,076

ROUNDING 9

-----

\$132,085

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

95-4712218

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA		1.	PROGRAM SERVICES	SEE 990 PART III	2,060,695.
(2) CENTRAL AMERICA/CARIBBEAN		1.	PROGRAM SERVICES	SEE 990 PART III	709,811.
(3) SOUTH AMERICA		41.	PROGRAM SERVICES	SEE 990 PART III	4,638,878.
(4) EAST ASIA AND THE PACIFIC	1.	47.	PROGRAM SERVICES	SEE 990 PART III	8,253,339.
(5) EUROPE	3.	65.	PROGRAM SERVICES	SEE 990 PART III	22,424,210.
(6) RUSSIA/INDEPENDENT STATES		1.	PROGRAM SERVICES	SEE 990 PART III	178,978.
(7) MIDDLE EAST AND NORTH AFRICA		3.	PROGRAM SERVICES	SEE 990 PART III	1,280,285.
(8) SUB-SAHARAN AFRICA		107.	PROGRAM SERVICES	SEE 990 PART III	2,587,674.
(9) SOUTH ASIA			PROGRAM SERVICES	SEE 990 PART III	348,980.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Sub-total, . . . . .</b>	4.	217.			41,482,850.
<b>b Total from continuation sheets to Part I . . . . .</b>					
<b>c Totals (add lines 3a and 3b)</b>	4.	217.			41,482,850.

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

Schedule F (Form 990) 2013

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	CTU ICT WORKSHOP	10,000.	WIRE/CASH			
(2)			EAST ASIA/PACIFIC	AFRICOT 2014 SPONSORSHIP	13,000.	WIRE/CASH			
(3)			EAST ASIA/PACIFIC	INTERNET FORUM SPONS.	7,300.	WIRE/CASH			
(4)			EAST ASIA/PACIFIC	ISIF ASIA SPONSORSHIP	23,971.	WIRE/CASH			
(5)			EAST ASIA/PACIFIC	GENIC SPONSORSHIP	8,724.	WIRE/CASH			
(6)			EAST ASIA/PACIFIC	KISA EXCH. SPONSORSHIP	49,938.	WIRE/CASH			
(7)			EAST ASIA/PACIFIC	NOG SPONSORSHIP	23,000.	WIRE/CASH			
(8)			EAST ASIA/PACIFIC	YOUTHICANN SPONSORSHIP	20,000.	WIRE/CASH			
(9)			EUROPE/ICELAND/GREENLAND	ARAB IGF SPONSORSHIP	81,278.	WIRE/CASH			
(10)			EUROPE/ICELAND/GREENLAND	CRYPTOCH PROJ. SPONS.	50,000.	WIRE/CASH			
(11)			EUROPE/ICELAND/GREENLAND	EURODIG 2014 SPONSORSHIP	20,910.	WIRE/CASH			
(12)			EUROPE/ICELAND/GREENLAND	EURODIG SPONSORSHIP	12,869.	WIRE/CASH			
(13)			EUROPE/ICELAND/GREENLAND	IAD SUMMIT 2014 SPONS.	10,000.	WIRE/CASH			
(14)			EUROPE/ICELAND/GREENLAND	NEP AWARDS 2013 SPONS.	13,769.	WIRE/CASH			
(15)			EUROPE/ICELAND/GREENLAND	NEP IT/EP PARTICIPANT	69,318.	WIRE/CASH			
(16)			EUROPE/ICELAND/GREENLAND	YOUTH IGF PROJ. 2013	27,658.	WIRE/CASH			

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

3 Enter total number of other organizations or entities . . . . .

Schedule F (Form 990) 2013

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	MSB DIA-LOGUES SPONS	7,000.	WIRE/CASH			
(2)			RUSSIA/NEWLY IND. STATES	ILSI SPONSORSHIP	20,000.	WIRE/CASH			
(3)			RUSSIA/NEWLY IND. STATES	MSU FORUM SPONSORSHIP	10,000.	WIRE/CASH			
(4)			RUSSIA/NEWLY IND. STATES	PIR CENTER PROGRAM	25,000.	WIRE/CASH			
(5)			SOUTH AMERICA	AYITIC SPONSORSHIP	10,000.	WIRE/CASH			
(6)			SOUTH AMERICA	ECONLAC SPONSORSHIP	6,000.	WIRE/CASH			
(7)			SOUTH AMERICA	LACTOF SPONSORSHIP	20,000.	WIRE/CASH			
(8)			SOUTH AMERICA	LACNOC 2013 SPONSORSHIP	7,000.	WIRE/CASH			
(9)			SOUTH AMERICA	LACTID SPONSORSHIP	36,500.	WIRE/CASH			
(10)			SOUTH AMERICA	LACNTC 24 SPONSORSHIP	7,000.	WIRE/CASH			
(11)			SOUTH AMERICA	LACNTC 19 SPONSORSHIP	7,000.	WIRE/CASH			
(12)			SOUTH ASIA	ICF BALI 2013 SPONS.	230,000.	WIRE/CASH			
(13)			SOUTH ASIA	SANGS 22/23 SPONSORSHIP	7,500.	WIRE/CASH			
(14)			SUB-SAHARAN AFRICA	AFICF 2013 SPONSORSHIP	20,000.	WIRE/CASH			
(15)			STE-SHIFESAM AFRICA	AFNOS WORK-SHOP SPONS.	5,000.	WIRE/CASH			
(16)			STE-SAHARAN AFRICA	AFITD COTID STUDY CONFER.	20,000.	WIRE/CASH			

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

3 Enter total number of other organizations or entities. . . . .



**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	ATS CORP. SPONSORSHIP	20,000.	WIRE/CASH			
(2)			EUROPE/ISLAND/GREENLAND	WBF ANNUAL MEETING 2014	31,244.	WIRE/CASH			
(3)			SUB-SAHARAN AFRICA	AFRNIC SPONSORSHIP	42,000.	WIRE/CASH			
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 35.

3 Enter total number of other organizations or entities. 35.

Schedule F (Form 990) 2013

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FELLOWSHIP PROGRAM	CENT. AMERICA/CARIBBEAN	18.	8,750.	WIRE/CASH	73,335.	AIRFARE/LODG	ACTUAL EXP
(2) FELLOWSHIP PROGRAM	EAST ASIA/PACIFIC	19.	9,000.	WIRE/CASH	74,347.	AIRFARE/LODG	ACTUAL EXP
(3) FELLOWSHIP PROGRAM	EUROPE/ICELAND/GREENLAND	13.	5,500.	WIRE/CASH	39,455.	AIRFARE/LODG	ACTUAL EXP
(4) FELLOWSHIP PROGRAM	MIDDLE EAST/NORTH AFRICA	24.	8,500.	WIRE/CASH	55,219.	AIRFARE/LODG	ACTUAL EXP
(5) FELLOWSHIP PROGRAM	NORTH AMERICA	3.	1,500.	WIRE/CASH	10,375.	AIRFARE/LODG	ACTUAL EXP
(6) FELLOWSHIP PROGRAM	RUSSIA/NEWLY IND. STATES	9.	4,000.	WIRE/CASH	29,184.	AIRFARE/LODG	ACTUAL EXP
(7) FELLOWSHIP PROGRAM	SOUTH AMERICA	18.	7,210.	WIRE/CASH	53,388.	AIRFARE/LODG	ACTUAL EXP
(8) FELLOWSHIP PROGRAM	SOUTH ASIA	18.	7,500.	WIRE/CASH	50,372.	AIRFARE/LODG	ACTUAL EXP
(9) FELLOWSHIP PROGRAM	SUB-SAHARAN AFRICA	39.	18,300.	WIRE/CASH	130,783.	AIRFARE/LODG	ACTUAL EXP
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2013

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2013

**Part V** Supplemental Information

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

SCHEDULE F, PART I, LINE 2

ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANTS

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

FELLOWSHIPS ARE AWARDED BY AN INDEPENDENT SELECTION COMMITTEE BASED ON A MIX OF CRITERIA INCLUDING APPLICANT EXPERIENCE AND REFERENCES, GEOGRAPHIC PROXIMITY TO MEETING, RECEIPT OF PAST FELLOWSHIPS, ETC. INDIVIDUALS MAY NOT RECEIVE THIS GRANT OF SUPPORT MORE THAN THREE TIMES. FOR EACH PUBLIC MEETING THAT INCORPORATES THE FELLOWSHIP PROGRAM, A LIST OF SELECTED FELLOWS TO ATTEND THE UPCOMING MEETING IS POSTED ON THE ICANN WEBSITE PRIOR TO THE MEETING. SUBSEQUENT TO THE PUBLIC MEETING, A LIST OF FELLOWS WHO ATTENDED THE MEETING IS POSTED ON THE ICANN WEBSITE.

TRAVEL AND HOTEL COSTS ASSOCIATED WITH FELLOWS PRE-SELECTED TO ATTEND THE PUBLIC MEETING ARE BOOKED AND PAID FOR DIRECTLY BY ICANN. ALL FELLOWS ARE ELIGIBLE TO RECEIVE A FLAT STIPEND NOT TO EXCEED U.S. \$500.00. STIPENDS

**Part V** Supplemental Information

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

ARE GENERALLY PROVIDED TO FELLOWS BY WIRE TRANSFER AND ARE PAID TO EACH FELLOW SUBSEQUENT TO THE MEETING AND AFTER THE FELLOW HAS DEMONSTRATED COMPLETION OF THE FELLOWSHIP PROGRAM. DURING THE TWELVE MONTHS ENDED JUNE 30, 2014, ICANN PAID \$576,991 TO ALLOW ONE HUNDRED AND SIXTY-ONE (161) FELLOWSHIP PARTICIPANTS TO ATTEND FOUR(4) ICANN PUBLIC MEETINGS.

ICANN ALSO PROVIDES TRAVEL SUPPORT TO OTHER MEMBERS OF THE VOLUNTEER COMMUNITY TO FACILITATE POLICY DEVELOPMENT EFFORTS AND OUTREACH IMPORTANT TO ICANN'S MISSION. THE PROCESS FOR SELECTION IS LARGELY BASED ON SPECIFIC CRITERIA ESTABLISHED BY EACH STAKEHOLDER/CONSTITUENCY GROUP. TRAVEL SUPPORT EXTENDED TO THESE GROUPS IS REPORTED AS PART OF TRAVEL EXPENSES IN PART IX, STATEMENT OF FUNCTIONAL EXPENSES. FOR OTHER CONTRIBUTIONS, STAKEHOLDER ENGAGEMENT STAFF DEVELOP REQUESTS BASED UPON ICANN'S STRATEGIC PLAN AND ICANN'S OPERATING PLAN. SPECIFIC NEEDS WITHIN SPECIFIC REGIONS OF THE WORLD ARE CONSIDERED. ICANN EXECUTIVES REVIEW THE LIST OF SUGGESTED CONTRIBUTIONS AND DECIDE ON WHICH CONTRIBUTIONS TO PURSUE. THE ICANN BOARD AND COMMUNITY CONSIDER THE CONTRIBUTIONS WITHIN THE OVERALL FISCAL YEAR OPERATING PLAN AND BUDGET PROCESS.

SCHEDULE F, PART I, LINE 3

AT JUNE 30, 2014, ICANN HAD INTERNATIONAL OFFICES LOCATED IN BRUSSELS, BELGIUM; ISTANBUL, TURKEY; SINGAPORE, SINGAPORE; AND GENEVA, SWITZERLAND.

THE NUMBER OF PEOPLE IN EACH REGION SHOWN IN PART I LINE 3 COL (C) OF

**Part V****Supplemental Information**

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

SCHEDULE F INCLUDES EMPLOYEES AND LONG-TERM INDEPENDENT CONTRACTORS

WORKING FOR ICANN.

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

SCHEDULE F INCLUDES:

A. THE AMOUNTS PAID (FOR COMPENSATION, TRAVEL REIMBURSEMENT, AND OTHER COSTS AND EXPENSES) FROM THE US ACCOUNTS PAYABLE DEPARTMENT APPLICABLE TO THE REGION.

B. ALL COSTS ASSOCIATED WITH THE FOUR ANNUAL PUBLIC MEETINGS (I.E. DURBAN, SOUTH AFRICA; BUENOS AIRES, ARGENTINA; SINGAPORE; AND LONDON, UK) FOR FISCAL YEAR 2014.

C. AMOUNTS EXPENDED TO FUND THE BRUSSELS, TURKEY AND SINGAPORE BRANCH/LIAISON OFFICES AND PERSONNEL COSTS INCLUDING OFFICE EXPENSES, TRAVEL-RELATED AND OTHER EXPENSES PAID BY THE US ACCOUNTS PAYABLE DEPARTMENT.

D. ALL PAYMENTS MADE TO INTERNATIONAL BASED EMPLOYEES AND CONTRACTORS WERE RECORDED IN US DOLLARS.

**Part V****Supplemental Information**

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

SCHEDULE F, PART I, LINE 3

STATEMENT OF ACTIVITIES OUTSIDE THE UNITED STATES

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

THE ACTIVITIES PER REGION IN LINE 3 REPRESENT THE INDIVIDUAL EMPLOYEES

AND LONG-TERM INDEPENDENT CONTRACTORS.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number

95-4712218

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) INVECO 972 MISSION ST. SAN FRANCISCO, CA 94103	20-1603266	501(C)(3)	58,867.				PROGRAM SUPPORT
(2) KIVA MICROFINES 875 HOWARD ST. SAN FRANCISCO, CA 94103	71-0993446	501(C)(3)	58,867.				PROGRAM SUPPORT
(3) WINCHESTER FOUNDATION 145 BER MONTEMEY, SAN FRANCISCO CA 94105	20-0849703	501(C)(3)	58,867.				PROGRAM SUPPORT
(4) _____							
(5) _____							
(6) _____							
(7) _____							
(8) _____							
(9) _____							
(10) _____							
(11) _____							
(12) _____							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3.

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

JSA

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2096JW 2020

AMENDED RETURN



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FORM 990, SCHEDULE I, PART II

FUNDS DONATED FROM NEW GTLD PRIORITIZATION DRAW

THE ONLY PRIORITIZATION DRAW ICANN HELD WAS CONDUCTED ON 17 DECEMBER 2012

IN LOS ANGELES TO ASSIGN PRIORITY NUMBERS TO ALL NEW GTLD APPLICATIONS.

THIS DRAW WAS CONDUCTED PURSUANT TO ICANN'S NON-PROFIT RAFFLE

REGISTRATION NUMBER RF0007607. THESE PRIORITY NUMBERS WERE USED TO

DETERMINE, AMONG OTHER THINGS, THE ORDER IN WHICH INITIAL EVALUATION

RESULTS ARE RELEASED. IN FISCAL YEAR 2014, 100% OF THE PROCEEDS WERE

DONATED TO ELIGIBLE CALIFORNIA CHARITABLE ORGANIZATIONS IN ACCORDANCE

WITH CALIFORNIA LEGAL REQUIREMENTS. ICANN SENT \$58,866.67 EACH TO THE

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FOLLOWING CHARITIES: WIKIMEDIA FOUNDATION, INVENEO, AND KIVA MICROFUNDS.

FORM 990, SCHEDULE I, PART I, LINE 2

ORGANIZATION'S PROCEDURES FOR MONITORING GRANTS IN THE UNITED STATES

THE GRANTS ARE PROVIDED TO QUALIFIED ORGANIZATIONS. ONCE FUNDS ARE

TRANSFERRED, ICANN DOES NOT MONITOR THE FUNDS. THE PURPOSE OF THE FUNDS

IS AT THE DISCRETION OF THE GRANTEE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number

95-4712218

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> STEVE ANTONOFF DIRECTOR, HR OPERATION SERVICE	(i) 179,646. (ii) 0	49,453. 0	0	23,160. 0	18,338. 0	270,597. 0	0
<b>2</b> AKRAM ATALLAH PRESIDENT, GEMERIC DOWLING PLY	(i) 460,375. (ii) 0	193,647. 0	0	33,500. 0	25,942. 0	713,464. 0	0
<b>3</b> SUSANNA BENNETT CHIEF OPERATING OFFICER	(i) 164,111. (ii) 0	93,991. 0	0	27,017. 0	9,239. 0	294,358. 0	0
<b>4</b> XAVIER CALVEZ CHIEF FINANCIAL OFFICER	(i) 281,500. (ii) 0	91,519. 0	0	28,092. 0	25,942. 0	427,053. 0	0
<b>5</b> FADI CHEHADE CHIEF EXECUTIVE OFFICER	(i) 557,500. (ii) 0	285,388. 0	0	30,250. 0	25,942. 0	899,080. 0	0
<b>6</b> ELISE GERICH VP, DATA & TECHNICAL OPERATIONS	(i) 216,718. (ii) 0	70,085. 0	0	30,250. 0	18,424. 0	335,477. 0	0
<b>7</b> DANIEL HALLORAN DEPUTY GENERAL COUNSEL	(i) 223,945. (ii) 0	48,372. 0	0	30,250. 0	25,942. 0	328,509. 0	0
<b>8</b> JAMES HEDLUND ADVISOR TO THE PRESIDENT	(i) 270,136. (ii) 0	87,184. 0	0	30,250. 0	25,677. 0	413,247. 0	0
<b>9</b> JOHN JEFFREY GENERAL COUNSEL & SECRETARY	(i) 402,271. (ii) 0	168,293. 0	0	12,750. 0	25,942. 0	609,256. 0	0
<b>10</b> DENISE MICHEL VP, STRAT INIT/ADVISOR TO PRES	(i) 232,122. (ii) 0	94,472. 0	0	33,500. 0	25,942. 0	386,036. 0	0
<b>11</b> JEFFREY MOSS CHIEF SECURITY OFFICER	(i) 312,663. (ii) 0	114,365. 0	0	30,250. 0	18,290. 0	475,568. 0	0
<b>12</b> CYRUS NAMAZI VP, BUS INDUSTRY ENGAGEMENT	(i) 243,891. (ii) 0	44,252. 0	0	30,250. 0	23,537. 0	341,930. 0	0
<b>13</b> DAVID OLIVE VP, POLICY DEVELOPMENT	(i) 247,200. (ii) 0	80,662. 0	0	30,250. 0	25,677. 0	383,789. 0	0
<b>14</b> MAGOY SERAD VP, CONTRACTUAL COMPLIANCE SVC	(i) 202,500. (ii) 0	77,465. 0	0	34,003. 0	25,942. 0	339,910. 0	0
<b>15</b> AMY STATHOS DEPUTY GENERAL COUNSEL	(i) 245,612. (ii) 0	52,861. 0	0	34,000. 0	9,425. 0	341,898. 0	0
<b>16</b> NICK TOMASSO SR DIR, MEETING OPERATIONS	(i) 181,540. (ii) 0	49,708. 0	0	29,062. 0	18,145. 0	278,455. 0	0

Schedule J (Form 990) 2013

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	CHRISTINE WILLETT	(i) 231,250.	(ii) 98,815.	(iii) 0	29,253.	25,942.	385,260.	0
	VP, GTLD OPERATIONS	(ii) 0	0	0	0	0	0	0
2		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
3		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
4		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
5		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
6		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
7		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
8		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
9		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
10		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
11		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
12		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
13		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
14		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
15		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
16		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----

Schedule J (Form 990) 2013

**Part III Supplemental Information**

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

FORM 990, SCHEDULE J, PART I, LINE 1A

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

FOR THE 2013 CALENDAR YEAR.

FORM 990, SCHEDULE J, PART I, LINE 7

REGARDING AT-RISK COMPENSATION:

THE OVERARCHING OBJECTIVE OF ICANN'S REMUNERATION FRAMEWORK IS TO ENSURE REMUNERATION PROVIDED IS COMPETITIVE GLOBALLY AND THAT IT PROVIDES STAFF WITH APPROPRIATE MOTIVATION FOR HIGH PERFORMANCE TOWARDS AGREED OBJECTIVES. THIS FRAMEWORK IS DESCRIBED IN DETAIL WITHIN THE DOCUMENT ENTITLED ICANN STAFF REMUNERATION PRACTICES.

[HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY15-01](https://www.icann.org/en/system/files/files/remuneration-practices-fy15-01)

NOV14-EN.PDF

SCHEDULE J, PART II

ICANN'S OVERALL COMPENSATION PHILOSOPHY IS TO TARGET COMPENSATION BETWEEN THE 50TH AND 75TH PERCENTILE OF THE RELEVANT MARKET, TO ATTRACT AND RETAIN THE RIGHT STAFF. THE DRIVING ELEMENT OF THIS PHILOSOPHY IS THAT

**Part III** Supplemental Information

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

ICANN'S COMPENSATION IS MARKET-BASED. ICANN HAS STAFF IN MANY DIFFERENT

PARTS OF THE WORLD, AND STRIVES TO APPLY THIS PHILOSOPHY LOCALLY.

EMPLOYMENT MARKETS AROUND THE WORLD ARE QUITE DIFFERENT, AND ALSO BRING

DIFFERENT TAX, BENEFIT, AND OTHER LOCAL CONDITIONS TO BEAR. IN ADDITION,

EXCHANGE RATE FLUCTUATIONS ALSO AFFECT THE U.S. DOLLAR EQUIVALENCE OF THE  
INTERNATIONAL STAFF.

## SCHEDULE L

(Form 990 or 990-EZ)

## Transactions With Interested Persons

OMB No. 1545-0047

2013

Open To Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

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

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

INTERNET CORP FOR ASSIGNED NAMES &amp; NUMBERS

95-4712218

**Part I****Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . \$

**Part II****Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total . . . . .						\$						

**Part III****Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2013



**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MELBOURNE IT	BRUCE TONKIN - DIRECTOR	502,886	SEE PART V		X
(2) AUDA	CHRIS DISSPAIN - DIRECTOR	280,000	SEE PART V		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

## SCHEDULE L, PART IV

## BUSINESS TRANSACTIONS WITH RELATED PERSONS

DR. BRUCE TONKIN IS A VOTING MEMBER OF THE BOARD OF DIRECTORS. DR. TONKIN IS ALSO CHIEF STRATEGY OFFICER OF MELBOURNE IT, AN ICANN ACCREDITED REGISTRAR. REVENUE FROM MELBOURNE IT AMOUNTED TO \$502,886 AND \$601,918 FOR THE YEARS ENDED JUNE 30, 2014 AND JUNE 30, 2013, RESPECTIVELY, UNDER THE FEE STRUCTURE OF THE STANDARD REGISTRAR ACCREDITATION AGREEMENT. TO AVOID ANY CONFLICT OF INTEREST BETWEEN ICANN AND MELBOURNE IT, DR. TONKIN ABSTAINS FROM VOTING ON ALL MATTERS HE IDENTIFIES AS POTENTIAL CONFLICTS OF INTEREST WHICH COME BEFORE THE BOARD.

MR. CHRIS DISSPAIN IS A VOTING MEMBER OF THE BOARD OF DIRECTORS. MR. DISSPAIN IS ALSO CHIEF EXECUTIVE OFFICER OF AUDA, THE POLICY AUTHORITY AND INDUSTRY SELF-REGULATORY BODY FOR .AU DOMAIN NAMES. REVENUE FROM AUDA AMOUNTED TO \$280,000 FOR THE YEAR ENDED JUNE 30, 2014, AND \$310,000 FOR THE YEAR ENDED JUNE 30, 2013, UNDER THE STRUCTURE OF THE CCTLD AGREEMENT. TO AVOID ANY CONFLICT OF INTEREST BETWEEN ICANN AND AUDA, MR. DISSPAIN ABSTAINS FROM VOTING ON ALL MATTERS HE IDENTIFIES AS POTENTIAL CONFLICTS OF INTEREST WHICH COME BEFORE THE BOARD.

**Part IV Business Transactions Involving Interested Persons.**

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

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

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

IN ADDITION TO THE SPECIFIC DISCLOSURES ABOVE, ICANN MAY ENTER INTO OR CONSIDER PARTICIPATION IN SMALL ARM'S LENGTH TRANSACTIONS BETWEEN ICANN AND CERTAIN TAXABLE ORGANIZATIONS WITH WHICH CERTAIN ICANN DIRECTORS OR OFFICERS (OR MEMBERS OF THEIR FAMILIES) MAY HAVE AN AFFILIATION. UNDER ICANN'S CONFLICTS OF INTEREST POLICY, ALL OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST BEFORE ENTERING INTO DISCUSSION ON SUCH MATTERS. IN ADDITION, THE BOARD COMMITTEE RESPONSIBLE FOR CONFLICTS OF INTEREST REVIEWS ALL BOARD MEMBER CONFLICTS OF INTEREST STATEMENTS. SEE:

[HTTP://WWW.ICANN.ORG/EN/GROUPS/BOARD/DOCUMENTS/SOIS.](http://www.icann.org/en/groups/board/documents/sois)

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number

95-4712218

AMENDED RETURN

ICANN IS SUBMITTING THIS AMENDED FORM 990 TO ACCOUNT FOR CHANGES IN TRANSACTION-BASED FEE REVENUE RECOGNITION. THROUGH THE YEAR ENDED JUNE 30, 2013, ICANN RECOGNIZED NONREFUNDABLE TRANSACTION-BASED FEES COLLECTED FROM REGISTRIES AND REGISTRARS AS EARNED IN THE YEAR THE BILLED FEE APPLIES (FOR EXAMPLE, 1/10TH OF A REGISTRATION TRANSACTION-BASED FEE WAS RECOGNIZED IN EACH YEAR OF A TEN YEAR DOMAIN NAME REGISTRATION). THIS RECOGNITION METHOD WAS BASED ON PREVIOUS INTERPRETATION OF THE CONTRACTS IN WHICH ICANN HAS OBLIGATIONS TO BE FULFILLED OVER THE DURATION OF A SPECIFIC DOMAIN NAME REGISTRATION. GIVEN THE NEW GTLD PROGRAM, AND THE PROSPECTIVE DELEGATION OF HUNDREDS OF NEW REGISTRIES UNDER A NEW BASE REGISTRY AGREEMENT, ICANN HAS CONDUCTED FURTHER ANALYSIS OF ITS REVENUE RECOGNITION METHOD THROUGH REVIEW OF THE EXISTING AND NEW AGREEMENTS WITH REGISTRIES AND REGISTRARS AND THE SPECIFIC ACCOUNTING TREATMENT OF THE TRANSACTION-BASED FEES. UPON FURTHER REVIEW AND ANALYSIS, ICANN HAS DETERMINED THAT THE REGISTRY AND REGISTRAR AGREEMENTS DO NOT INCLUDE ANY OBLIGATIONS FOR ICANN THAT PERTAIN TO EACH SPECIFIC REGISTRATION OF A DOMAIN NAME. ICANN CONSIDERS ITS CONTRACTUAL OBLIGATIONS ARE UNRELATED TO A SPECIFIC DOMAIN NAME REGISTRATION, WHICH THEREFORE DOES NOT CREATE SPECIFIC PERFORMANCE OBLIGATIONS REQUIRING A DEFERRAL OF REVENUE OVER THE DURATION OF THE REGISTRATION. AS A RESULT, ICANN HAS CHANGED ITS REVENUE RECOGNITION METHOD SO THE TRANSACTION-BASED FEES ARE RECOGNIZED AS REVENUE WHEN EACH TRANSACTION OCCURS. ACCORDINGLY, ICANN HAS RESTATED THE OPENING BALANCE OF UNRESTRICTED NET ASSETS AS OF JULY 1, 2012 AND

Name of the organization	Employer identification number
INTERNET CORP FOR ASSIGNED NAMES & NUMBERS	95-4712218

FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2013. LINE ITEMS ON THE RETURN ARE IMPACTED AS FOLLOWS:

REFERENCE	ORIGINALLY FILED	AMENDED
PART I, PRIOR YEAR, LINE 9	232,937,659	235,661,084
PART I, PRIOR YEAR, LINE 12	236,182,149	238,905,574
PART I, PRIOR YEAR, LINE 19	85,791,659	88,515,084
PART I, PRIOR YEAR, LINE 20	397,173,980	399,446,218
PART I, PRIOR YEAR, LINE 21	228,443,472	215,952,580
PART I, PRIOR YEAR, LINE 22	168,730,508	183,493,738
PART X, LINE 4, COLUMN A	22,864,094	25,136,432
PART X, LINE 16, COLUMN A	397,173,980	399,446,318
PART X, LINE 19, COLUMN A	203,593,686	191,102,794
PART X, LINE 26, COLUMN A	228,443,472	215,952,580
PART X, LINE 27, COLUMN A	168,730,508	183,493,738
PART X, LINE 33, COLUMN A	168,730,508	183,493,738
PART X, LINE 34, COLUMN A	397,173,980	399,446,318
PART XI, LINE 4	168,730,508	183,493,738
PART XI, LINE 8	14,763,230	0
SCH A, PART III, LINE 2, COL D	233,114,259	235,837,684
SCH A, PART III, LINE 2, COL F	555,617,325	558,340,750
SCH A, PART III, LINE 6, COL D	233,770,771	236,494,196
SCH A, PART III, LINE 6, COL F	564,624,833	567,348,258
SCH A, PART III, LINE 7B & 7C, COL D	37,871,606	39,257,218

Name of the organization	Employer identification number
INTERNET CORP FOR ASSIGNED NAMES & NUMBERS	95-4712218

SCH A, PART III, LINE 7B & 7C, COL F	196,496,212	197,881,824
SCH A, PART III, LINE 8, COL F	368,128,621	369,466,434
SCH A, PART III, LINE 9, COL D	233,770,771	236,494,196
SCH A, PART III, LINE 9, COL F	564,624,833	567,348,258
SCH A, PART III, LINE 13, COL D	236,182,149	238,905,574
SCH A, PART III, LINE 13, COL F	575,086,512	577,809,937
SCH A, PART III, LINE 15	64.01%	63.94%
SCH A, PART III, LINE 16	60.88%	60.82%
SCH A, PART III, LINE 17	1.82%	1.81%
SCH A, PART III, LINE 18	1.89%	1.88%

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

#### ORGANIZATION'S MISSION

THE MISSION OF THE INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS ("ICANN") IS TO PROMOTE THE GLOBAL PUBLIC INTEREST IN THE OPERATIONAL STABILITY OF THE INTERNET BY: (I) COORDINATING THE ASSIGNMENT OF INTERNET TECHNICAL PARAMETERS AS NEEDED TO MAINTAIN UNIVERSAL CONNECTIVITY ON THE INTERNET; (II) PERFORMING AND OVERSEEING FUNCTIONS RELATED TO THE COORDINATION OF THE INTERNET PROTOCOL ("IP") ADDRESS SPACE; (III) PERFORMING AND OVERSEEING FUNCTIONS RELATED TO THE COORDINATION OF THE INTERNET DOMAIN NAME SYSTEM ("DNS"), INCLUDING, SUPPORTING THE DEVELOPMENT OF, AND IMPLEMENTING POLICIES FOR DETERMINING THE CIRCUMSTANCES UNDER WHICH NEW TOP-LEVEL DOMAINS ARE ADDED TO THE DNS ROOT SYSTEM; (IV) OVERSEEING OPERATION OF THE AUTHORITATIVE INTERNET DNS ROOT SERVER SYSTEM; AND (V) ENGAGING IN ANY OTHER RELATED LAWFUL ACTIVITY IN

Name of the organization	Employer identification number
INTERNET CORP FOR ASSIGNED NAMES & NUMBERS	95-4712218

FURTHERANCE OF ITEMS (I) THROUGH (IV).

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

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

GOVERNING BODY

IN ADDITION TO THE VOTING MEMBERS OF THE BOARD OF DIRECTORS, ICANN'S BYLAWS AS OF JUNE 30, 2014 ALLOWED FOR FOUR (4) NON-VOTING LIAISONS. THE NON-VOTING LIAISONS ARE ENTITLED TO ATTEND BOARD MEETINGS, PARTICIPATE IN BOARD DISCUSSIONS AND DELIBERATIONS, AND HAVE ACCESS (UNDER CONDITIONS ESTABLISHED BY THE BOARD) TO MATERIALS PROVIDED TO DIRECTORS FOR USE IN BOARD DISCUSSIONS, DELIBERATIONS AND MEETINGS.

THE FOLLOWING INDIVIDUALS SERVED AS NON-VOTING LIAISONS DURING THE FISCAL YEAR ENDING JUNE 30, 2014:

- 1) HEATHER DRYDEN (GOVERNMENTAL ADVISORY COMMITTEE, 2010 - OCTOBER 2014)
- 2) RAM MOHAN (SECURITY AND STABILITY ADVISORY COMMITTEE, 2009 - PRESENT)
- 3) THOMAS NARTEN (IETF, 2005 - JULY 2013)
- 4) FRANCISCO DA SILVA (TECHNICAL LIAISON GROUP, 2012 - NOVEMBER 2013)
- 5) JONNE SOININEN (IETF, 2013 - PRESENT)
- 6) SUZANNE WOOLF (ROOT SERVER SYSTEM ADVISORY COMMITTEE, 2004 - PRESENT)

NEW GTLD PROGRAM COMMITTEE

IN ORDER TO HAVE EFFICIENT MEETINGS AND TAKE APPROPRIATE ACTIONS WITH RESPECT TO THE NEW GTLD PROGRAM FOR THE CURRENT ROUND OF THE PROGRAM AND

Name of the organization	Employer identification number
INTERNET CORP FOR ASSIGNED NAMES & NUMBERS	95-4712218

AS RELATED TO THE APPLICANT GUIDEBOOK, THE BOARD CREATED THE NEW GTLD PROGRAM COMMITTEE ("NGPC") IN ACCORDANCE WITH ARTICLE XII OF THE BYLAWS. THE NGPC CONSISTS OF ALL BOARD MEMBERS NOT CONFLICTED WITH RESPECT TO THE NEW GTLD PROGRAM. THE BOARD HAS DELEGATED FULL DECISION MAKING AUTHORITY TO THE NGPC AS IT RELATES TO THE CURRENT ROUND OF THE NEW GTLD PROGRAM, WHICH COMMENCED IN JANUARY 2012. ESTABLISHING THIS NEW COMMITTEE WITHOUT CONFLICTED MEMBERS, AND DELEGATING TO IT DECISION MAKING AUTHORITY, PROVIDES SOME DISTINCT ADVANTAGES. FIRST, IT HELPS ELIMINATE ANY UNCERTAINTY FOR CONFLICTED BOARD MEMBERS WITH RESPECT TO ATTENDANCE AT BOARD MEETINGS AND WORKSHOPS SINCE THE NEW GTLD PROGRAM TOPICS CAN BE DEALT WITH AT THE COMMITTEE LEVEL. SECOND, IT ALLOWS FOR ACTIONS TO BE TAKEN WITHOUT A MEETING BY THE COMMITTEE. ACTIONS WITHOUT A MEETING CANNOT BE TAKEN UNLESS DONE VIA ELECTRONIC SUBMISSION BY UNANIMOUS CONSENT; SUCH UNANIMOUS CONSENT CANNOT BE ACHIEVED IF EVEN JUST ONE BOARD MEMBER IS CONFLICTED, AND THEREFORE NOT ALLOWED TO VOTE. THIRD, IT PROVIDES THE COMMUNITY WITH A TRANSPARENT VIEW INTO THE BOARD'S COMMITMENT TO DEALING WITH ACTUAL, POTENTIAL OR PERCEIVED CONFLICTS.

THE NGPC MEMBERS AS OF JUNE 30, 2014 INCLUDED:

CHERINE CHALABY (CHAIR)

FADI CHEHADÉ (MEMBER)

STEPHEN CROCKER (MEMBER)

CHRIS DISSPAIN (MEMBER)

HEATHER DRYDEN (NON-VOTING LIAISON)

BILL GRAHAM (MEMBER)

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BRUNO LANVIN (MEMBER)

OLGA MADRUGA-FORTI (MEMBER)

ERIKA MANN (MEMBER)

GONZALO NAVARRO (MEMBER)

RAYMOND PLZAK (MEMBER)

GEORGE SADOWSKY (MEMBER)

MIKE SILBER (MEMBER)

KUO-WEI WU (MEMBER)

FORM 990, PART III, LINE 4A

#### PROGRAM SERVICE ACCOMPLISHMENTS

AS OF JUNE 30, 2014, THE INTERNET NAMESPACE CONSISTED OF 22 LEGACY, 322 NEW GENERIC TOP LEVEL DOMAINS (GTLDs) AND OVER 250 COUNTRY CODE TOP LEVEL DOMAINS (CCTLDs). EACH GTLD HAS A DESIGNATED "REGISTRY OPERATOR" AND, IN MOST CASES, A REGISTRY AGREEMENT BETWEEN THE OPERATOR (OR SPONSOR) AND ICANN. THE REGISTRY OPERATOR IS RESPONSIBLE FOR THE TECHNICAL OPERATION OF THE GTLD, INCLUDING ALL OF THE NAMES REGISTERED IN THAT TLD. OVER 1,000 ICANN ACCREDITED REGISTRARS INTERACT WITH REGISTRANTS (AND OTHERS) TO PERFORM DOMAIN NAME REGISTRATION AND OTHER RELATED SERVICES FOR NEW GTLDs. THE NEW GTLD PROGRAM HAS PROVIDED A MEANS FOR PROSPECTIVE REGISTRY OPERATORS TO APPLY FOR NEW GTLDs, AND CREATE NEW OPTIONS FOR CONSUMERS. THE PROGRAM OPENED ITS FIRST APPLICATION ROUND IN JANUARY 2012 AND ICANN RECEIVED 1930 APPLICATIONS.

ALL APPLICATIONS FOR NEW GTLDs THAT HAVE NOT BEEN WITHDRAWN HAVE COMPLETED INITIAL EVALUATION (IE) PHASE AND, WHERE APPLICABLE, EXTENDED



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EVALUATION (EE). DURING IE AND EE, ALL APPLICATIONS WERE EVALUATED FOR, AMONG OTHER THINGS, FINANCIAL, TECHNICAL/OPERATIONAL, GEOGRAPHIC NAMES, AND REGISTRY SERVICES. FOLLOWING COMPLETION AND PASSING OF IE, AND EE IF APPLICABLE, FOR EACH APPLICATION, THE REGISTRY AGREEMENT CONTRACTING PHASE OF THE NEW GTLD PROGRAM COMMENCED. CONTRACTING IS A PROCESS THAT RESULTS IN EACH ELIGIBLE APPLICANT ENTERING INTO A REGISTRY AGREEMENT WITH ICANN TO OPERATE A GTLD. NOTE THAT THERE ARE SOME CIRCUMSTANCES THAT EXIST THAT MAY DELAY THE START OF THE CONTRACTING PROCESS INCLUDING, BUT NOT LIMITED TO, PENDING OBJECTION PROCEEDINGS, PENDING ICANN ACCOUNTABILITY MECHANISMS, UNRESOLVED CONTENTION, OR DIRECTION FROM THE ICANN BOARD'S NEW GTLD PROGRAM COMMITTEE.

AFTER COMPLETION OF THE CONTRACTING PHASE, THE APPLICANT CAN ELECT TO ENTER INTO PRE-DELEGATION TESTING. PRE-DELEGATION TESTING (PDT) ENSURES THAT AN APPLICANT HAS THE CAPACITY TO OPERATE A NEW GTLD IN A STABLE, SECURE MANNER. EVERY NEW REGISTRY MUST DEMONSTRATE THAT IT HAS ESTABLISHED OPERATIONS IN ACCORDANCE WITH THE TECHNICAL AND OPERATIONAL CRITERIA DESCRIBED IN THE APPLICANT GUIDEBOOK. AFTER PASSING PDT, A REGISTRY'S GTLD CAN BE INTRODUCED INTO THE ROOT ZONE OF THE INTERNET.

AS OF JUNE 30, 2014, 322 NEW GTLDS WERE DELEGATED IN THE ROOT ZONE.

ICANN IS A MULTISTAKEHOLDER ORGANIZATION THAT COORDINATES THE INTERNET DOMAIN NAME SYSTEM (DNS) AND ADDRESSING FOR THE BENEFIT OF INTERNET USERS WORLDWIDE, ENABLING A SINGLE, INTEROPERABLE INTERNET. ICANN IS

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RESPONSIBLE FOR THE GLOBAL TECHNICAL COORDINATION OF THE DNS. AS OF JUNE 30, 2014, THERE WERE OVER 240 MILLION INTERNET DOMAIN NAMES, INCLUDING APPROXIMATELY 133 MILLION INTERNET DOMAIN NAMES FOUND IN GENERIC TOP-LEVEL DOMAINS, MOST OF WHICH ARE GOVERNED BY ICANN'S COMMUNITY-DEVELOPED POLICIES. SEE ADDITIONAL INFORMATION ABOUT ICANN'S PROGRAMS AND ACTIVITIES ON THE ICANN WEBSITE AND IN THE ICANN ANNUAL REPORT POSTED AT WWW.ICANN.ORG.

#### NEW GTLD AUCTION

ON 4 JUNE 2014, ICANN, THROUGH ITS AUTHORIZED AUCTION SERVICES PROVIDER, COMPLETED THE FIRST ICANN AUCTION TO RESOLVE A CONTENTION SET FOR A NEW GENERIC TOP-LEVEL DOMAIN (GTLD) STRING. CONTENTION SETS ARE GROUPS OF APPLICATIONS FOR IDENTICAL OR CONFUSINGLY SIMILAR STRINGS. IF TWO OR MORE APPLICANTS ARE UNABLE TO RESOLVE THEIR CONTENTION THROUGH OTHER MEANS, THEY PROCEED TO AN ICANN AUCTION, WHICH IS THE METHOD OF LAST RESORT TO RESOLVE STRING CONTENTIONS AS PRESCRIBED IN MODULE 4 OF THE APPLICANT GUIDEBOOK. THE FIRST ICANN AUCTION RESULTED IN A WINNING BID OF \$600,000. SUBSEQUENT AUCTIONS HAVE BEEN SCHEDULED TO OCCUR ON A MONTHLY BASIS THROUGHOUT 2014 AND INTO EARLY 2015.

FOR MORE INFORMATION ON AUCTIONS VISIT  
[HTTP://NEWGTLD.S.ICANN.ORG/EN/APPLICANTS/AUCTIONS](http://newgtlds.icann.org/en/applicants/auctions)

FORM 990, PART VI, LINE 4

#### SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

ON 7 FEBRUARY 2014, THE BOARD ADOPTED BYLAWS REVISIONS THAT ELIMINATED

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THE BOARD LIAISON SEAT THAT WAS HISTORICALLY APPOINTED ON A ROTATIONAL BASIS BY THE TECHNICAL LIAISON GROUP.

FORM 990, PART VI, LINE 7A

BODIES THAT APPOINT MEMBERS OF ICANN'S GOVERNING BODY

THE NOMINATING COMMITTEE (NOMCOM) IS RESPONSIBLE FOR THE SELECTION OF EIGHT ICANN VOTING BOARD MEMBERS AND FOR OTHER SELECTIONS AS ARE SET FORTH IN THE BYLAWS. (SEE BYLAWS ARTICLE VII, SECTION 1.) THE NOMCOM IS CHARGED WITH POPULATING A PORTION OF THE ICANN BOARD AS NOTED ABOVE, AS WELL AS THE AT-LARGE ADVISORY COMMITTEE ("ALAC"), THE COUNTRY CODE NAMES SUPPORTING ORGANIZATION ("CCNSO") COUNCIL AND THE GENERIC NAMES SUPPORTING ORGANIZATION ("GNSO") COUNCIL. THE NOMCOM COMPLEMENTS THE OTHER MEANS FOR FILLING A PORTION OF KEY ICANN LEADERSHIP POSITIONS ACHIEVED WITHIN THE SUPPORTING ORGANIZATIONS AND ADVISORY COMMITTEES.

THE BYLAWS ALSO STATE THAT THE NOMCOM SHALL ADOPT SUCH OPERATING PROCEDURES AS IT DEEMS NECESSARY, WHICH SHALL BE PUBLISHED ON THE ICANN WEBSITE. THE NOMCOM IS DESIGNED TO FUNCTION INDEPENDENTLY FROM THE BOARD, THE SUPPORTING ORGANIZATIONS, AND ADVISORY COMMITTEES.

MEMBERS OF THE NOMCOM CONTRIBUTE BOTH THEIR UNDERSTANDING OF THE BROAD INTERESTS OF THE INTERNET AS A WHOLE AND THEIR KNOWLEDGE AND EXPERIENCE OF THE CONCERNS AND INTERESTS OF THE INTERNET STAKEHOLDERS THAT HAVE APPOINTED THEM. THE CHALLENGE FOR THE NOMCOM IS TO INTEGRATE THESE PERSPECTIVES AND DERIVE CONSENSUS IN ITS SELECTIONS. ALTHOUGH APPOINTED BY SUPPORTING ORGANIZATIONS AND OTHER ICANN BODIES, INDIVIDUAL NOMCOM

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MEMBERS ARE NOT ACCOUNTABLE TO THEIR APPOINTING CONSTITUENCIES BUT RATHER TO ICANN AS A WHOLE. NOMCOM MEMBERS ARE ACCOUNTABLE FOR ADHERENCE TO THE BYLAWS AND FOR COMPLIANCE WITH THE RULES AND PROCEDURES ESTABLISHED BY THE NOMCOM.

IN ADDITION, AND ALSO IN ACCORDANCE WITH ICANN'S BYLAWS, EACH OF THE FOLLOWING SUPPORTING ORGANIZATIONS NAME TWO VOTING BOARD MEMBERS TO THE ICANN BOARD, EACH FOR A THREE-YEAR TERM: THE ADDRESS SUPPORTING ORGANIZATION, THE CCNSO AND THE GNSO. FURTHER, THE AT-LARGE COMMUNITY ALSO NAMES ONE VOTING BOARD MEMBER TO THE ICANN BOARD EVERY THREE YEARS.

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

LOCAL CHAPTERS, BRANCHES AND AFFILIATES

DURING FISCAL 2014, ICANN HAD OFFICES OUTSIDE OF THE UNITED STATES IN BRUSSELS, BELGIUM; ISTANBUL, TURKEY; SINGAPORE, SINGAPORE; AND GENEVA, SWITZERLAND; ALL OF WHICH PROVIDED OPERATIONAL SUPPORT TO THEIR RESPECTIVE GEOGRAPHICAL REGIONS.

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

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

1. ICANN ENGAGES AN OUTSIDE TAX PREPARER TO ASSIST IN THE PREPARATION OF ITS FORM 990.

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2. ICANN'S CHIEF FINANCIAL OFFICER (CFO), AND OFFICE OF THE GENERAL COUNSEL REVIEW THE FORM 990, AND THE CFO SIGNS OFF FOR APPROVAL.

3. THE FORM 990 IS PROVIDED TO THE ICANN BOARD MEMBERS.

FORM 990, PART VI, LINE 12C

CONFLICTS OF INTEREST POLICY

ICANN HAS WRITTEN CONFLICTS OF INTEREST POLICIES, WHICH ARE APPLICABLE TO ALL BOARD MEMBERS AND STAFF MEMBERS. THE OFFICE OF THE GENERAL COUNSEL MONITORS THE POLICIES WITH OVERSIGHT BY THE BOARD GOVERNANCE COMMITTEE AS THEY RELATE TO THE BOARD. A CONFLICTS OF INTEREST DISCLOSURE STATEMENT IS COMPLETED ANNUALLY AND SIGNED BY EACH BOARD MEMBER, OFFICER AND KEY EMPLOYEE. THE STAFF MEMBER AND CONTRACTOR DISCLOSURE STATEMENTS ARE REVIEWED BY THE HEAD OF HUMAN RESOURCES AND DISCUSSED WITH GENERAL COUNSEL'S OFFICE IF ANY ISSUES ARISE; THE BOARD LEVEL DISCLOSURE STATEMENTS ARE REVIEWED BY THE OFFICE OF GENERAL COUNSEL AND THE BOARD GOVERNANCE COMMITTEE. THE BOARD MEMBER, OFFICER AND KEY EMPLOYEE CONFLICTS OF INTEREST POLICY CAN BE FOUND AT:  
[HTTP://WWW.ICANN.ORG/EN/GROUPS/BOARD/GOVERNANCE/COI.](http://www.icann.org/en/groups/board/governance/coi)

THIS POLICY DESCRIBES THE DUTY TO DISCLOSE, THE PROCEDURES FOR ADDRESSING CONFLICTS OF INTEREST, THE DUTY TO ABSTAIN, HOW VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY WILL BE HANDLED, THE PROCESS BY WHICH ALL COVERED PERSONS SIGN ANNUALLY THEIR AFFIRMATION OF THE POLICY AND DISCLOSE THEIR ACTUAL OR POTENTIAL CONFLICTS, AND THE REQUIREMENT AND NATURE OF PERIODIC REVIEWS.

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A SUMMARY OF BOARD MEMBER AND OFFICER DISCLOSURE STATEMENTS ARE POSTED ON  
THE WEBSITE AT: [HTTP://WWW.ICANN.ORG/EN/GROUPS/BOARD/DOCUMENTS/SOIS](http://www.icann.org/en/groups/board/documents/sois)

FORM 990, PART VI, LINE 13 & 14

WHISTLEBLOWER POLICY AND DOCUMENT RETENTION AND DESTRUCTION POLICY

ICANN MAINTAINS AN INTERNAL DOCUMENT RETENTION AND DESTRUCTION POLICY AND  
HISTORICALLY HAS FOLLOWED BEST INDUSTRY PRACTICES FOR RETENTION AND  
DESTRUCTION. ICANN ALSO MAINTAINS AN INTERNAL WHISTLEBLOWER (OR  
"ANONYMOUS HOTLINE") POLICY, THAT ALSO FOLLOWS INDUSTRY BEST PRACTICES.

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

PROCESS FOR DETERMINING COMPENSATION

ICANN FOLLOWS PRINCIPLES OF ACCOUNTABILITY AND TRANSPARENCY AND DESCRIBES  
ITS REMUNERATION PLANS AND PRACTICES, WHICH ARE CONTINUALLY UPDATED. THE  
MOST CURRENT VERSION OF ICANN'S REMUNERATION PRACTICES REPORT IS POSTED  
AT:

[HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY15-01  
NOV14-EN.PDF](https://www.icann.org/en/system/files/files/remuneration-practices-fy15-01-nov14-en.pdf)

THE PROCESS FOR DETERMINING COMPENSATION, INCLUDING SURVEYS OF COMPARABLE  
POSITIONS AND OTHER MARKET STUDIES IS DESCRIBED IN THIS REMUNERATION  
PRACTICES REPORT. EXECUTIVE COMPENSATION IS DISCLOSED AS WELL. SALARIES  
OF ALL OFFICERS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS  
FOLLOWING RECOMMENDATIONS BY THE BOARD COMPENSATION COMMITTEE, WHICH ARE  
INFORMED BY RECOMMENDATIONS AND COMPARABLE DATA PROVIDED BY INDEPENDENT  
COMPENSATION EXPERTS. CONFIDENTIAL MINUTES OF THESE MEETINGS ARE

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MAINTAINED BY THE BOARD SECRETARY AS PART OF THE CORPORATE SECRETARIAT  
FUNCTION. EACH YEAR THE APPOINTMENT FOR EACH OFFICER IS CONFIRMED BY THE  
BOARD OF DIRECTORS AT THE ANNUAL GENERAL MEETING.

FORM 990, PART VI, LINE 18

AVAILABILITY OF 990

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

[HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/FY-2013-FORM-990-EN.PDF](https://www.icann.org/en/system/files/files/fy-2013-form-990-en.pdf)

IN ADDITION, THE FORM 990 IS POSTED ON THE WWW.GUIDESTAR.ORG WEBSITE.  
FINALLY, HARD COPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST. REQUESTS  
SHOULD BE SUBMITTED TO ICANN'S CFO BY EMAIL TO XAVIER.CALVEZ@ICANN.ORG,  
OR BY PHONE AT +1.310.301.5838.

ICANN POSTS THE ORIGINAL FORM 1023 (APPLICATION FOR TAX-EXEMPT STATUS) ON  
ITS WEBSITE.

THE ORIGINAL FORM 1023 POST IS LOCATED AT:

[HTTPS://ARCHIVE.ICANN.ORG/EN/FINANCIALS/TAX/US/](https://archive.icann.org/en/financials/tax/us/)

FORM 990, PART VI, LINE 19

AVAILABILITY OF GOVERNING DOCS, CONFLICTS OF INTEREST, AND FINANCIAL  
STMTS

IN ACCORDANCE WITH ITS CORPORATE BYLAWS (SEE

[HTTP://WWW.ICANN.ORG/EN/ABOUT/GOVERNANCE/BYLAWS](http://www.icann.org/en/about/governance/bylaws)) AND THE AFFIRMATION OF

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COMMITMENTS WITH THE UNITED STATES DEPARTMENT OF COMMERCE (SEE  
[HTTPS://WWW.ICANN.ORG/RESOURCES/PAGES/AFFIRMATION-OF-COMMITMENTS-2009-09-30-EN](https://www.icann.org/resources/pages/affirmation-of-commitments-2009-09-30-en)), ICANN IS COMMITTED TO ACCOUNTABILITY AND TRANSPARENCY PRINCIPLES.  
THIS INCLUDES PROVIDING EXTENSIVE ACCESS TO THE PUBLIC THROUGH THE ICANN  
WEBSITE OF ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND  
FINANCIAL STATEMENTS. SEE: [HTTP://WWW.ICANN.ORG/EN/ABOUT/GOVERNANCE](http://www.icann.org/en/about/governance) AND  
[HTTPS://WWW.ICANN.ORG/RESOURCES/PAGES/GOVERNANCE/FINANCIALS-EN](https://www.icann.org/resources/pages/governance/financials-en)

FORM 990, PART VII

OFFICER/DIRECTOR SERVICE DATES

IN PART VII, A DATE FOLLOWING AN OFFICER/DIRECTOR'S NAME INDICATES THE  
DATE ON WHICH THE OFFICER/DIRECTOR'S SERVICES ENDED. IF NO DATE IS  
INDICATED, THAT OFFICER/DIRECTOR WAS ACTIVE AS OF JUNE 30, 2014

FORM 990, PART VII, SECTION B

COMPENSATION OF INDEPENDENT CONTRACTORS PAID OVER \$1,000,000 AS OF JUNE  
30, 2014

IN ADDITION TO THE DISCLOSURE IN FORM 990, PART VII, SECTION B OF THE  
COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS, ICANN,  
BELOW, DISCLOSES THE COMPENSATION OF ALL INDEPENDENT CONTRACTORS PAID  
OVER \$1,000,000 AS OF JUNE 30, 2014.

NAME: ERNST & YOUNG U.S. LLP

ADDRESS: 200 PLAZA DRIVE, SECAUCUS, NJ 07094

DESCRIPTION OF SERVICES: NEW GTLD PROGRAM

COMPENSATION: 17,834,935



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REFERENCE: SEE ATTACHMENT 2

NAME: KPMG LLP

ADDRESS: 3 CHESTNUT RIDGE ROAD, MONTVALE, NJ 07645-0435

DESCRIPTION OF SERVICES: NEW GTLD PROGRAM

COMPENSATION: 16,059,383

REFERENCE: SEE ATTACHMENT 2

NAME: JAS GLOBAL ADVISORS LLC

ADDRESS: 150 N. MICHIGAN AVE. SUITE 2800, CHICAGO, IL  
60601-7586

DESCRIPTION OF SERVICES: NEW GTLD PROGRAM

COMPENSATION: 8,183,122

REFERENCE: SEE ATTACHMENT 2

NAME: INTERCONNECT COMMUNICATIONS LTD

ADDRESS: MERLIN HOUSE, STATION ROAD NP16 5PB, CHEPSTOW,  
UNITED KINGDOM

DESCRIPTION OF SERVICES: NEW GTLD PROGRAM

COMPENSATION: 4,436,571

REFERENCE: SEE ATTACHMENT 2

NAME: JONES DAY

ADDRESS: 555 S. FLOWER ST. 50TH FL. LOS ANGELES, CA  
90071

Name of the organization	Employer identification number
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DESCRIPTION OF SERVICES: LEGAL SERVICES

COMPENSATION: 3,964,736

REFERENCE: SEE ATTACHMENT 2

NAME: PRICEWATERHOUSECOOPERS LLP

ADDRESS: 300 MADISON AVE. NEW YORK, NY 10017

DESCRIPTION OF SERVICES: NEW GTLD PROGRAM

COMPENSATION: 2,851,260

NAME: CHAMBRE DE COMMERCE INTERNATIONALE

ADDRESS: 33-43 AVENUE DU PRESIDENT WILSON, PARIS 75116,  
FRANCE

DESCRIPTION OF SERVICES: NEW GTLD PROGRAM

COMPENSATION: 2,586,977

NAME: INTERISLE CONSULTING GROUP

ADDRESS: 4 TIFFANY TRAIL, HOPKINTON, MA 01748

DESCRIPTION OF SERVICES: NEW GTLD PROGRAM

COMPENSATION: 2,154,097

NAME: STIFTELSEN FOR INTERNETINFRASTRUKTUR.SE

ADDRESS: RINGVAGEN 100 A/BOX 7399, STOCKHOLM 103 91,  
SWEDEN

DESCRIPTION OF SERVICES: NEW GTLD PROGRAM

COMPENSATION: 1,904,150

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NAME: DANIEL J EDELMAN LTD  
ADDRESS: SOUTHSIDE 105 VICTORIA ST. LONDON SW1E 6QT,  
UNITED KINGDOM  
DESCRIPTION OF SERVICES: COMMUNICATIONS  
COMPENSATION: 1,229,004

NAME: NEO INNOVATION INC.  
ADDRESS: 717 MARKET ST. STE. 100, SAN FRANCISCO, CA  
94103  
DESCRIPTION OF SERVICES: SOFTWARE DEVELOPMENT  
COMPENSATION: 1,217,800

NAME: RC HOTELS (PTE) LTD  
ADDRESS: 2 STAMFORD ROAD, SINGAPORE 178882,  
SINGAPORE  
DESCRIPTION OF SERVICES: ICANN MEETINGS  
COMPENSATION: 1,128,869

NAME: TERRA NOVA TOURS  
ADDRESS: 72 ROODEBLOEM ROAD, CAPE TOWN 7945,  
SOUTH AFRICA  
DESCRIPTION OF SERVICES: ICANN MEETINGS  
COMPENSATION: 1,072,206

FORM 990, PART IX, LINE 11G

FEES FOR SERVICES - OTHER

Name of the organization	Employer identification number
INTERNET CORP FOR ASSIGNED NAMES & NUMBERS	95-4712218

TRANSLATION SERVICES	3,952,429
COMMUNICATIONS	3,675,866
NEW GTLD FINANCIAL AND TECHNICAL EVALUATIONS	3,546,358
NEW GTLD PRE-DELEGATION TESTING	3,467,558
CONSULTING SERVICES	3,430,806
NEW GTLD TRADEMARK CLEARINGHOUSE	2,999,513
STRATEGIC INITIATIVES	2,049,069
TEMPORARY PERSONNEL	1,293,423
RECRUITING SERVICES	749,567
CONTRACTUAL COMPLIANCE	665,743
GOVERNMENT ENGAGEMENT	509,796
INTERNET GOVERNANCE	490,000
POLICY DEVELOPMENT	450,446
DATA ESCROW SERVICES	443,824
NEW GTLD INDEPENDENT OBJECTORS	299,435
	-----
TOTAL	28,023,833

FORM 990, PART IX, LINE 24A

#### RISK COSTS - GTLD

RISK COSTS ARE EXPENSES THAT RELATE TO ANY CONTINGENCIES THAT MAY BE INCURRED BY ICANN AT ANY TIME THROUGHOUT OR AFTER THE NEW GTLD APPLICATION PROCESS. APPROXIMATELY ONE THIRD OF TOTAL FEES CHARGED TO APPLICANTS IN RELATION TO THE NEW GTLD PROGRAM ARE IN ANTICIPATION OF THESE COSTS.

Name of the organization

Employer identification number

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FORM 990, PART XI, LINE 8

FISCAL JUNE 30, 2013 RESTATEMENT OF REVENUE - CHANGE IN TRANSACTION-BASED FEE REVENUE RECOGNITION

THROUGH THE YEAR ENDED JUNE 30, 2013, ICANN RECOGNIZED NONREFUNDABLE TRANSACTION-BASED FEES COLLECTED FROM REGISTRIES AND REGISTRARS AS EARNED IN THE YEAR THE BILLED FEE APPLIES (FOR EXAMPLE, 1/10TH OF A REGISTRATION TRANSACTION-BASED FEE WAS RECOGNIZED IN EACH YEAR OF A TEN YEAR DOMAIN NAME REGISTRATION). THIS RECOGNITION METHOD WAS BASED ON A PREVIOUS INTERPRETATION OF THE CONTRACTS THAT ICANN HAS OBLIGATIONS UNDER THOSE CONTRACTS THAT MUST BE FULFILLED OVER THE DURATION OF A SPECIFIC DOMAIN NAME REGISTRATION.

GIVEN THE NEW GTLD PROGRAM, AND THE PROSPECTIVE DELEGATION OF HUNDREDS OF NEW REGISTRIES UNDER A NEW BASE REGISTRY AGREEMENT, ICANN HAS CONDUCTED FURTHER ANALYSIS OF ITS REVENUE RECOGNITION METHOD THROUGH REVIEW OF THE EXISTING AND NEW AGREEMENTS WITH REGISTRIES AND REGISTRARS AND THE SPECIFIC ACCOUNTING TREATMENT OF THE TRANSACTION-BASED FEES. UPON THIS FURTHER REVIEW AND ANALYSIS, ICANN HAS DETERMINED THAT THE REGISTRY AND REGISTRAR AGREEMENTS DO NOT INCLUDE ANY OBLIGATIONS FOR ICANN THAT PERTAIN TO EACH SPECIFIC REGISTRATION OF A DOMAIN NAME. ICANN CONSIDERS THAT ITS CONTRACTUAL OBLIGATIONS ARE UNRELATED TO A SPECIFIC DOMAIN NAME REGISTRATION, WHICH THEREFORE DOES NOT CREATE SPECIFIC PERFORMANCE OBLIGATIONS WHICH WOULD REQUIRE A DEFERRAL OF REVENUE OVER THE DURATION OF THE REGISTRATION. AS A RESULT, ICANN HAS CHANGED ITS REVENUE RECOGNITION METHOD SO THAT THE TRANSACTION-BASED FEES ARE RECOGNIZED AS REVENUE WHEN EACH TRANSACTION OCCURS. ACCORDINGLY, ICANN HAS RESTATED THE

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95-4712218

OPENING BALANCE OF UNRESTRICTED NET ASSETS AS OF JULY 1, 2012 AND  
FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2013.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

FOREIGN EXCHANGE GAIN (LOSS) (132,076)

ROUNDING (9)

-----  
\$(132,085)

ATTACHMENT 1FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

BELGIUM

AUSTRALIA

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ERNST & YOUNG U.S. LLP 200 PLAZA DRIVE SECAUCUS, NJ 07094	NEW GTLD PROGRAM	17,834,935.
KPMG LLP 3 CHESTNUT RIDGE ROAD MONTVALE, NJ 07645-0435	NEW GTLD PROGRAM	16,059,383.
JAS GLOBAL ADVISORS LLC 150 N. MICHIGAN AVE., STE 2800 CHICAGO, IL 60601-7586	NEW GTLD PROGRAM	8,183,122.
INTERCONNECT COMMUNICATIONS LTD MERLIN HOUSE, STATION ROAD NP16 5PB CHEPSTOW UNITED KINGDOM	NEW GTLD PROGRAM	4,436,571.

Name of the organization

Employer identification number

INTERNET CORP FOR ASSIGNED NAMES &amp; NUMBERS

95-4712218

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORSNAME AND ADDRESSDESCRIPTION OF SERVICESCOMPENSATION

JONES DAY  
555 S. FLOWER ST., 50TH FLOOR  
LOS ANGELES, CA 90071

LEGAL SERVICES

3,964,736.