

# Return of Organization Exempt From Income Tax

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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).

**A For the 2016 calendar year, or tax year beginning** 07/01, 2016, and ending 06/30, 2017

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS</b> Doing business as			<b>D</b> Employer identification number 95-4712218		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 12025 WATERFRONT DRIVE, SUITE 300		<b>E</b> Telephone number (310) 301-5800			
	City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90094			<b>G</b> Gross receipts \$ 343,106,716.		
	<b>F</b> Name and address of principal officer: BO GORAN MARBY 12025 WATERFRONT DRIVE STE 300 LOS ANGELES, CA 90094			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
<b>J</b> Website: ▶ WWW.ICANN.ORG						
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						
				<b>L</b> Year of formation: 1998		
				<b>M</b> State of legal domicile: CA		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	16.	
	<b>4</b>	15.	
	<b>5</b>	299.	
	<b>6</b>	20.	
	<b>7a</b>	0.	
<b>7b</b>	0.		
<b>Revenue</b>	<b>8</b>	<b>Prior Year</b>	<b>Current Year</b>
	Contributions and grants (Part VIII, line 1h)	1,133,161.	3,628,137.
	Program service revenue (Part VIII, line 2g)	193,512,588.	286,797,690.
	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,827,132.	6,791,803.
	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	200,472,881.	297,217,630.
<b>Expenses</b>	<b>13</b>	<b>Prior Year</b>	<b>Current Year</b>
	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,337,098.	1,496,668.
	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	61,419,068.	60,036,670.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	80,290,102.	88,831,612.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	143,046,268.	150,364,950.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	57,426,613.	146,852,680.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>
	Total assets (Part X, line 16)	399,625,737.	519,565,588.
	Total liabilities (Part X, line 26)	66,041,494.	44,879,422.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	333,584,243.	474,686,166.	

**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.

<b>Sign Here</b>	Signature of officer	Date 14 May 2018
	XAVIER CALVEZ Type or print name and title CFO	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name JOCELYNE MILLER	Preparer's signature 	Date 05/14/18	Check <input type="checkbox"/> if self-employed	PTIN P00634378	
	Firm's name ▶ ERNST & YOUNG U.S. LLP			Firm's EIN ▶ 34-6565596		
	Firm's address ▶ 4365 EXECUTIVE DRIVE, SUITE 1600 SAN DIEGO, CA 92121			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.**

**Part III Statement of Program Service Accomplishments**

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

**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 \$ 109,970,694. including grants of \$ 1,496,668. ) (Revenue \$ 286,797,690. )

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 ▶ 109,970,694.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4 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? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .		X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .		X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	X	
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .	X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .	X	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .	X	
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> 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? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> 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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

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.
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, address, and telephone number of the person who possesses the organization's books and records: X

XAVIER CALVEZ 12025 WATERFRONT DR, STE 300 LOS ANGELES, CA 90094 310 301 5838

**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) MAARTEN BOTTERMAN DIRECTOR	16.00 0.	X					6,692.	0.	0.	
(2) BECKY BURR DIRECTOR	16.00 0.	X					0.	0.	0.	
(3) CHERINE CHALABY DIRECTOR	16.00 0.	X					45,000.	0.	0.	
(4) STEVE CROCKER DIRECTOR	16.00 0.	X					0.	0.	0.	
(5) RON DA SILVA DIRECTOR	16.00 0.	X					45,000.	0.	0.	
(6) CHRIS DISSPAIN DIRECTOR	16.00 0.	X					45,000.	0.	0.	
(7) ASHA HEMRAJANI DIRECTOR	16.00 0.	X					45,000.	0.	0.	
(8) RAFAEL LITO IBARRA DIRECTOR	16.00 0.	X					45,000.	0.	0.	
(9) KHALED KOUBAA DIRECTOR	16.00 0.	X					6,692.	0.	0.	
(10) MARKUS KUMMER DIRECTOR	16.00 0.	X					45,000.	0.	0.	
(11) BRUNO LANVIN DIRECTOR (THRU OCTOBER 2016)	16.00 0.	X					37,500.	0.	0.	
(12) AKINORI MAEKMURA DIRECTOR	16.00 0.	X					6,692.	0.	0.	
(13) ERIKA MANN DIRECTOR (THRU OCTOBER 2016)	16.00 0.	X					37,500.	0.	0.	
(14) BO GORAN MARBY PRESIDENT & CEO	60.00 0.	X		X			616,932.	0.	48,865.	

**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) RINALIA RAHIM ABDUL DIRECTOR	16.00 0.	X					45,000.	0.	0.	
( 16) GEORGE SADOWSKY DIRECTOR	16.00 0.	X					45,000.	0.	0.	
( 17) MIKE SILBER DIRECTOR	16.00 0.	X					0.	0.	0.	
( 18) BRUCE TONKIN DIRECTOR (THRU OCTOBER 2016)	16.00 0.	X					0.	0.	0.	
( 19) LOUSEWIES VAN DER LAAN DIRECTOR	16.00 0.	X					53,712.	0.	0.	
( 20) KUO-WEI WU DIRECTOR (THRU OCTOBER 2016)	16.00 0.	X					37,500.	0.	0.	
( 21) AKRAM ATALLAH PRESIDENT, GDD	60.00 5.00			X			682,885.	0.	62,730.	
( 22) SUSANNA H BENNETT CHIEF OPERATING OFFICER	60.00 0.			X			450,670.	0.	42,586.	
( 23) XAVIER CALVEZ CHIEF FINANCIAL OFFICER	60.00 0.			X			405,170.	0.	58,980.	
( 24) JOHN JEFFREY GENERAL COUNSEL & SECRETARY	60.00 0.			X			559,888.	0.	40,980.	
( 25) DAVID OLIVE SVP, POLICY DEVELOPMENT SUPPORT	60.00 0.			X			445,773.	0.	50,928.	
<b>1b Sub-total</b> . . . . .							982,008.	0.	48,865.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							8,448,147.	0.	1,029,598.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							9,430,155.	0.	1,078,463.	

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 ► 159

	Yes	No
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 . . . . .	X	
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 . . . . .	X	
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 . . . . .		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 ► 35



**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) ASHWIN RANGAN SVP, ENGINEERING & CIO	60.00 0.			X				394,598.	0.	62,730.
( 27) DAVID CONRAD CHIEF TECHNOLOGY OFFICER	60.00 5.00				X			374,348.	0.	50,928.
( 28) ELISE GERICH VP, IANA SVCS & PRESIDENT PTI	10.00 50.00				X			317,100.	0.	50,647.
( 29) JAMES HEDLUND VP, STRATEGIC PROGRAMS	60.00 0.				X			378,454.	0.	58,684.
( 30) TAREK KAMEL SVP, GOVERNMENT AND IGO ENGMT	60.00 0.				X			474,460.	0.	58,167.
( 31) CYRUS NAMAZI VP, DNS INDUSTRY ENGAGEMENT	60.00 0.				X			417,185.	0.	48,647.
( 32) THERESA SWINEHART SVP, MULTISTAKEHOLDER STRATEGY	60.00 0.				X			465,771.	0.	40,341.
( 33) NICHOLAS TOMASSO VP, GLOBAL MEETING OPS	60.00 0.				X			278,104.	0.	50,718.
( 34) CHRISTINE WILLETT VP, GTLD OPERATIONS	60.00 0.				X			362,157.	0.	58,980.
( 35) ROBERT DUNCAN BURNS SVP, GLOBAL COMMUNICATIONS	60.00 0.					X		383,720.	0.	58,684.
( 36) ALLEN GROGAN CHIEF CONTRACT COMPLIANCE OFF.	60.00 0.					X		376,882.	0.	50,928.
<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 **▶** 159

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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 VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Daniel E Halloran, Nigel Hickson, Amy A Stathos, and Fadi Chehade.

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 159

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (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 Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	768,424.	768,424.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	728,244.	728,244.		
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	8,611,651.	6,501,796.	2,109,855.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	120,000.	102,000.	18,000.	
<b>7</b> Other salaries and wages . . . . .	36,580,596.	27,668,455.	8,912,141.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	4,794,863.	3,628,157.	1,166,706.	
<b>9</b> Other employee benefits . . . . .	6,775,601.	4,547,383.	2,228,218.	
<b>10</b> Payroll taxes . . . . .	3,153,959.	2,386,525.	767,434.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	6,535,324.	4,386,124.	2,149,200.	
<b>c</b> Accounting . . . . .	2,007,599.		2,007,599.	
<b>d</b> Lobbying . . . . .	780,055.	780,055.		
<b>e</b> Professional fundraising services. See Part IV, line 17.	0.			
<b>f</b> Investment management fees . . . . .	462,418.		462,418.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	22,487,228.	15,092,099.	7,395,129.	
<b>12</b> Advertising and promotion . . . . .	205,979.	138,241.	67,738.	
<b>13</b> Office expenses . . . . .	723,990.	485,899.	238,091.	
<b>14</b> Information technology . . . . .	10,862,729.	7,290,422.	3,572,307.	
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	3,731,241.	2,504,189.	1,227,052.	
<b>17</b> Travel . . . . .	14,602,849.	9,800,570.	4,802,279.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	5,392,679.	5,392,679.		
<b>20</b> Interest . . . . .	0.			
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	8,723,666.	5,854,810.	2,868,856.	
<b>23</b> Insurance . . . . .	642,943.	431,506.	211,437.	
<b>24</b> 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.)				
<b>a</b> RISK COSTS - GTLD	5,424,308.	5,424,308.		
<b>b</b> DUES, SUBSCRIPTIONS & PUB	458,510.	307,202.	151,308.	
<b>c</b> MISC (VAT, TAX & LICENSE)	337,615.	299,127.	38,488.	
<b>d</b> PTI FUNDING CONTRIBUTION	5,452,479.	5,452,479.		
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	150,364,950.	109,970,694.	40,394,256.	
<b>26 Joint costs.</b> 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>	<b>1</b> Cash - non-interest-bearing . . . . .	37,422,561.	<b>1</b>	107,431,427.
	<b>2</b> Savings and temporary cash investments . . . . .	0.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net . . . . .	0.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net . . . . .	37,222,883.	<b>4</b>	39,872,027.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> 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.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,761,953.	<b>9</b>	1,979,161.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 43,796,570.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 26,345,532.	18,182,475.	<b>10c</b> 17,451,038.
	<b>11</b> Investments - publicly traded securities . . . . .	303,422,942.	<b>11</b>	352,114,763.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	612,923.	<b>15</b>	717,172.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	399,625,737.	<b>16</b>	519,565,588.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	18,793,341.	<b>17</b>	18,811,703.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	47,248,153.	<b>19</b>	26,067,719.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> 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.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> 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.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	66,041,494.	<b>26</b>	44,879,422.
<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>			
	<b>27</b> Unrestricted net assets . . . . .	333,584,243.	<b>27</b>	474,686,166.
	<b>28</b> Temporarily restricted net assets . . . . .	0.	<b>28</b>	0.
	<b>29</b> Permanently restricted net assets . . . . .	0.	<b>29</b>	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>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	333,584,243.	<b>33</b>	474,686,166.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	399,625,737.	<b>34</b>	519,565,588.

**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>	297,217,630.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	150,364,950.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	146,852,680.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	333,584,243.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-54,101.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<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>	-5,696,656.
<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>	474,686,166.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- 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.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**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.

▶ 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).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization **INTERNET CORPORATION FOR ASSIGNED NAMES AND 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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations. . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2016

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

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2016; 15 Public support percentage from 2015 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2016; b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; b 10%-facts-and-circumstances test - 2015; 18 Private foundation.



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	656,512.	2,072,140.	2,044,258.	1,133,161.	3,628,137.	9,534,208.
<b>2</b> 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 . . . . .	233,114,259.	121,311,659.	214,799,352.	193,512,588.	286,797,690.	1,049,535,548.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>6 Total.</b> Add lines 1 through 5. . . . .	233,770,771.	123,383,799.	216,843,610.	194,645,749.	290,425,827.	1,059,069,756.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0.
<b>b</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 . . . . .	37,871,606.	37,543,078.	84,215,410.	76,543,850.	175,469,779.	411,643,723.
<b>c</b> Add lines 7a and 7b. . . . .	37,871,606.	37,543,078.	84,215,410.	76,543,850.	175,469,779.	411,643,723.
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						647,426,033.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6. . . . .	233,770,771.	123,383,799.	216,843,610.	194,645,749.	290,425,827.	1,059,069,756.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	2,411,378.	2,783,804.	1,483,793.	1,203,202.	2,744,763.	10,626,940.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0.
<b>c</b> Add lines 10a and 10b . . . . .	2,411,378.	2,783,804.	1,483,793.	1,203,202.	2,744,763.	10,626,940.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	236,182,149.	126,167,603.	218,327,403.	195,848,951.	293,170,590.	1,069,696,696.
<b>14 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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	60.52 %
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 . . . . .	<b>16</b>	66.11 %

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	.99 %
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 . . . . .	<b>18</b>	.99 %

- 19a 33 1/3% support tests - 2016.** 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
- b 33 1/3% support tests - 2015.** 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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2016

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:                   \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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**Schedule of Contributors**

**2016**

▶ **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).

<b>Name of the organization</b> INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	<b>Employer identification number</b> 95-4712218
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**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	<b>Employer identification number</b> 95-4712218
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**Part I** Contributors (See 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	CIRA 350 SPARKS STREET SUITE 306 OTTOWA ONTARIO CANADA K1R 7S8	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UNIVERSIDAD DE CHILE RUT. 60.910.000-1 MIRAFLORES 222 PISO 14 SANTIAGO CHILE 832-0198	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DENIC EG KAISERSTRASSE 75-77 FRANKFURT AM MA GERMANY D-60329	\$ 260,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NATIONAL INST. FOR R&D IN INFORMATICS BD. AVERESCU 8-10 SECTOR 1 BUCHAREST ROMANIA 11454	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JAPAN REGISTRY SERVICES CO., LTD. CHIYODA 1ST BLDG E 13-F 3-8-1 NISHIKANDA TOKYO JAPAN 101-0065	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	KAUNAS UNIVERSITY OF TECHNOLOGY INFO TECHNOLOGY DEPARTMENT STUDENTU 48A KAUNAS LITHUANIA LT-51367	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	<b>Employer identification number</b> 95-4712218
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**Part I** Contributors (See 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	NIC-MEXICO COL. ALTAVISTA AV EUGENIO GARZA SADA 427 MONTERREY MEXICO 64840	\$ 38,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ASSOCIACAO DNS.PT AV. DO BRASIL, 101 LISBOA PORTUGAL 1700-066	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ACADEMIC & RESEARCH NETWORK OF SLOVENIA TEHNOLOSKI PARK 18 LJUBLJANA SLOVENIA 1000	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	INTERNET INFRASTRUCTURE FOUNDATION P.O. BOX 91 ALOFI NIUE	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	SWITCH (CH) WERDSTRASSE 2 ZURICH SWITZERLAND CH-8004	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	TAIWAN NETWORK INFORMATION CENTER SECTION 2 4F-2 NO 9, ROOSEVELT ROAD TAIPEI TAIWAN 100	\$ 41,916.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	<b>Employer identification number</b> 95-4712218
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**Part I** Contributors (See 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	MIDDLE EAST TECHNICAL UNIVERSITY DEPARTMENT OF COMPUTER ENGINEERING INONU ANKRA TURKEY 6531	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	NOMINET UK MINERVA HOUSE EDMUND HALLEY ROAD OXFORD UNITED KINGDOM OX4 4DQ	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	INTERNETNZ PO BOX 11881 WELLINGTON NEW ZEALAND 6142	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	HONG KONG INTERNET REGISTRATION CORP. UNIT 2002-2005, 20/F, ING TOWER 308 SHEUNG WAN HONG KONG	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	EURID VZW/ASBL PARKSTATION WOLUWELAAN 150 DIEGEM VLAAMS BRABANT BELGIUM 1831	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	COORDINATION CENTER FOR TLD RU 8, ZOOLOGICHESKAYA STR MOSCOW RUSSIA 123242	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	<b>Employer identification number</b> 95-4712218
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**Part I** Contributors (See 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	.CO INTERNET SAS CALLE 100 NO 8A - 49 TORRE B OF 507 BOGOTA COLOMBIA	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	INTERNET SOCIETY OF ISRAEL BAREKET 6, POB 7210 PETACH TIKVA ISRAEL 49517	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	NIC.AT JAKOB-HARINGER-STRASSE 8 SALZBURG AUSTRIA A-5020	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	UNIVERSITY OF LATVIA RAINA BULVARIS 29 RIGA LATVIA LV-1459	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	STICHTING INTERNET DOMEINREGISTRATIE NL P.O. BOX 5022 ARNHEM NETHERLANDS 6802 EA	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	ASSOC. OF IT COMPANIES OF KAZAKHSTAN 6/5 KABANBAI BATYRA, OFFICE 3 ASTANA KAZAKHSTAN 10000	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	<b>Employer identification number</b> 95-4712218
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**Part I** Contributors (See 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	UNINETT NORID AS ABELSGATE 5 TRONDHEIM NORWAY N-7465	\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	.AU DOMAIN ADMINISTRATION 114 CARDIGAN STREET 8 SALZBURGH AUSTRIA A-5020	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	DNS-BE VZW UBICENTER, PHILIPSSITE 5, BUS 13 LEUVEN BELGIUM B-3001	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	CZ.NIC, Z.S. PO AMERICKA 23 PRAGUE CZECH REPUBLIC 2 120 00	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	DANSK INTERNET FORUM COPENHAGEN V COPENHAGEN DENMARK 1560	\$ 60,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	AFNIC 2 RUE STEPHENSON MONTIGNY-LE-BRETONNEUX FRANCE F-78181	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	<b>Employer identification number</b> 95-4712218
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**Part I** Contributors (See 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	ICS-FORTH GR N. PLASTIRA 100 VASSILIKA VOUTON CRETE GREECE 700 13	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	COUNCIL OF HUNGARIAN INTERNET PROVIDERS VICTOR HUGO 18-22 BUDAPEST HUNGARY H-1132	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	IIT-CNR INSTITUTE VIA GIUSEPPE MORUZZI, 1 PISA ITALY I-56124	\$ 195,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	INTERNET USERS SOCIETY NIUE PER DARNELL 266 MAIN ST., STE. 31 MEDFIELD, MA 2052	\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	NEUSTAR 46000 CENTER OAK PLAZA STERLING, VA 20166	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	SGSH 8 TEMASEK BLVD. SUNTEC TOWER 3 #14-00 SINGAPORE SINGAPORE 38988	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	<b>Employer identification number</b> 95-4712218
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**Part I** **Contributors** (See 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	REG OF NAT INTERNET DOMAIN NAMES-SERBIA  MB: 17680544 PIB: 104852190  BELGRADE RUSSIA 11000	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	RESTENA  6, RUE COUDENHOVE-KALERGI  LUXEMBOURG LUXEMBOURG L-1359	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	FINNISH COM REG AUTHORITY (FICORA)  P.O. BOX 313  HELSINKI FINLAND FI-00181	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	KOREAN INTERNET & SECURITY AGENCY  12F, DAEDONG BLDG. 109 JUNGDAE-RO  SEOUL KOREA, REPUBLIC OF (NORTH) 138-950	\$ 60,000.	Person <input 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.)

<b>Name of organization</b> INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	<b>Employer identification number</b> 95-4712218
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**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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization INTERNET CORPORATION FOR ASSIGNED  
NAMES AND NUMBERS

Employer identification number  
95-4712218

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** 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
_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2016**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

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

Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) . . . . . \_\_\_\_\_

**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) 2016

**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.

<b>Limits on Lobbying Expenditures</b> (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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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					

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?...

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

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

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."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members 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). 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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? 5 Taxable amount of lobbying and political expenditures (see instructions)

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, lines 1 and 2 (see instructions); 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 AS WELL AS THREE GOVERNMENT AFFAIRS FIRMS DURING THE YEAR ENDED JUNE 30, 2017, FOR A TOTAL COST OF \$816,067.

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

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on 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.

Name of the organization INTERNET CORPORATION FOR ASSIGNED

Employer identification number

NAMES AND NUMBERS

95-4712218

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and questions about monitoring and expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting on SFAS 116 (ASC 958) for art and historical treasures, and questions about revenue and assets for financial gain.

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

Schedule D (Form 990) 2016

**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" on 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, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on 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 on 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:
- |  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

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" on 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		5,796,356.	2,390,269.	3,406,087.
d Equipment		34,394,300.	23,955,263.	10,439,037.
e Other		3,605,914.		3,605,914.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,451,038.

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes, followed by rows 2-9.

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 [X]

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 297,217,630.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 150,364,950.

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 IN THE UNITED STATES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(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, 2017 AND 2016, NO LIABILITIES ARE REQUIRED TO BE RECORDED IN CONNECTION WITH SUCH TAX POSITIONS IN ICANN'S FINANCIAL STATEMENTS. THE FISCAL 2012 THROUGH 2016 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) \$ 188,903

FORM 990, SCHEDULE D, PART XII, LINE 4B

PTI EXPENSE RECLASS (\$5,452,479)

NON-INVESTMENT ADMIN FEES (\$ 55,274)

-----

TOTAL (\$5,507,753)

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2016**

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

Name of the organization INTERNET CORPORATION FOR ASSIGNED

Employer identification number

NAMES AND 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
<b>(1)</b> NORTH AMERICA		2.	PROGRAM SERVICES	SEE 990 PART III	2,104,950.
<b>(2)</b> CENTRAL AMERICA/CARIBBEAN		2.	PROGRAM SERVICES	SEE 990 PART III	877,443.
<b>(3)</b> SOUTH AMERICA		5.	PROGRAM SERVICES	SEE 990 PART III	3,480,446.
<b>(4)</b> EAST ASIA AND THE PACIFIC	1.	25.	PROGRAM SERVICES	SEE 990 PART III	7,325,153.
<b>(5)</b> SOUTH ASIA		30.	PROGRAM SERVICES	SEE 990 PART III	172,533.
<b>(6)</b> EUROPE	3.	141.	PROGRAM SERVICES	SEE 990 PART III	22,249,946.
<b>(7)</b> RUSSIA/INDEPENDENT STATES		3.	PROGRAM SERVICES	SEE 990 PART III	464,037.
<b>(8)</b> MIDDLE EAST AND NORTH AFRICA		3.	PROGRAM SERVICES	SEE 990 PART III	4,043,735.
<b>(9)</b> SUB-SAHARAN AFRICA	1.	94.	PROGRAM SERVICES	SEE 990 PART III	1,399,011.
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total . . . . .	5.	235.			42,117,254.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	5.	235.			42,117,254.

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

Schedule F (Form 990) 2016

**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	SPONSORSHIP IGF 2016	25,000.	WIRE/CASH			
(2)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP WSIS FORUM	10,000.	WIRE/CASH			
(3)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP SSIG 2017	20,385.	WIRE/CASH			
(4)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP WSIS FORUM	10,000.	WIRE/CASH			
(5)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP EURODIG 2017	15,929.	WIRE/CASH			
(6)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP FORUM	10,000.	WIRE/CASH			
(7)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP FORUM	10,000.	WIRE/CASH			
(8)			EUROPE/ICELAND/GREENLAND	INTERNET JUR PROJECT	22,395.	WIRE/CASH			
(9)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP EURODIGG 17	6,000.	WIRE/CASH			
(10)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP SSIG 2017	50,000.	WIRE/CASH			
(11)			EUROPE/ICELAND/GREENLAND	CYBERSECURIT SPONSORSHIP	26,000.	WIRE/CASH			
(12)			SUB-SAHARAN AFRICA	AFRICA INTER SUMMIT 2017	20,000.	WIRE/CASH			
(13)			CENT. AMERICA/CARIBBEAN	SPONSORSHIP CLT 2017	10,000.	WIRE/CASH			
(14)			SUB-SAHARAN AFRICA	FY17 ONGOING IGO & IO	10,000.	WIRE/CASH			
(15)			MIDDLE EAST/NORTH AFRICA	FY17 ONGOING COLLAB.	90,000.	WIRE/CASH			
(16)			EAST ASIA/PACIFIC	NOG SPONSORS FY17	18,000.	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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	14TH GENERAL CONFERENCE	6,000.	WIRE/CASH			
(2)			NORTH AMERICA	SPONSORSHIP IGF 2016	25,000.	WIRE/CASH			
(3)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP RIF+KIB 2017	8,700.	WIRE/CASH			
(4)			SUB-SAHARAN AFRICA	SPONSORSHIP EVENT 2017	7,092.	WIRE/CASH			
(5)			EUROPE/ICELAND/GREENLAND	FY17 ONGOING COLLAB.	6,300.	WIRE/CASH			
(6)			RUSSIA/NEWLY IND. STATES	FY17 ONGOING COLLAB.	5,250.	WIRE/CASH			
(7)			EUROPE/ICELAND/GREENLAND	INTERNET JUR PROJECT	16,037.	WIRE/CASH			
(8)			EAST ASIA/PACIFIC	KOREA PRTN SH PROG SPONSOR	58,335.	WIRE/CASH			
(9)			EAST ASIA/PACIFIC	KOREA PRTN SH PROG SPONSOR	41,665.	WIRE/CASH			
(10)			CENT. AMERICA/CARIBBEAN	SPONSORSHIP LACIGF 2016	24,000.	WIRE/CASH			
(11)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP EUROSIGG 17	11,325.	WIRE/CASH			
(12)			SOUTH ASIA	REGISTRAR SVCS FY 17	15,000.	WIRE/CASH			
(13)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP CYFY 2016	25,000.	WIRE/CASH			
(14)			SUB-SAHARAN AFRICA	SPONSORSHIP OSIANE 2017	10,000.	WIRE/CASH			
(15)			CENT. AMERICA/CARIBBEAN	SPONSORSHIP CLT 2017	5,703.	WIRE/CASH			
(16)			EUROPE/ICELAND/GREENLAND	WEF ANNUAL MEETING	76,493.	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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	WORLD HOST DAY 2017	16,202.	WIRE/CASH			
(2)			EUROPE/ICELAND/GREENLAND	TRUST AGREEMENT WITH UNDSA	339,000.	WIRE/CASH			
(3)			EUROPE/ICELAND/GREENLAND	SPONSORSHIP POLISH IGF	5,054.	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. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_ 35.

**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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FELLOWSHIP PROGRAM	CENT. AMERICA/CARIBBEAN	13.	5,850.	WIRE/CASH	48,954.	AIRFARE/LODG	ACTUAL EXP
(2) FELLOWSHIP PROGRAM	EAST ASIA/PACIFIC	18.	8,300.	WIRE/CASH	73,537.	AIRFARE/LODG	ACTUAL EXP
(3) FELLOWSHIP PROGRAM	EUROPE/ICELAND/GREENLAND	17.	7,850.	WIRE/CASH	31,371.	AIRFARE/LODG	ACTUAL EXP
(4) FELLOWSHIP PROGRAM	MIDDLE EAST/NORTH AFRICA	20.	9,400.	WIRE/CASH	42,504.	AIRFARE/LODG	ACTUAL EXP
(5) FELLOWSHIP PROGRAM	NORTH AMERICA	3.	1,400.	WIRE/CASH	8,983.	AIRFARE/LODG	ACTUAL EXP
(6) FELLOWSHIP PROGRAM	RUSSIA/NEWLY IND. STATES	8.	4,106.	WIRE/CASH	16,127.	AIRFARE/LODG	ACTUAL EXP
(7) FELLOWSHIP PROGRAM	SOUTH AMERICA	20.	9,700.	WIRE/CASH	59,832.	AIRFARE/LODG	ACTUAL EXP
(8) FELLOWSHIP PROGRAM	SOUTH ASIA	25.	12,100.	WIRE/CASH	56,355.	AIRFARE/LODG	ACTUAL EXP
(9) FELLOWSHIP PROGRAM	SUB-SAHARAN AFRICA	33.	14,983.	WIRE/CASH	76,350.	AIRFARE/LODG	ACTUAL EXP
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**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 separately 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; do not file with Form 990)* . . . . .  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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No



**Part V Supplemental Information**

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.

THE ICANN FELLOWSHIP PROGRAM SEEKS TO HELP CREATE A BROADER BASE OF KNOWLEDGEABLE CONSTITUENTS TO ENGAGE IN THE ICANN MULTISTAKEHOLDER PROCESS AND BECOME THE NEW VOICE OF EXPERIENCE IN THEIR REGIONS AND ON THE GLOBAL STAGE. THROUGH THE FELLOWSHIP PROGRAM, ICANN PROVIDES COACHING AND TRAVEL ASSISTANCE FOR INDIVIDUALS TO ATTEND AN ICANN PUBLIC MEETING. DURING THE MEETING, PROGRAM PARTICIPANTS IMMERSE IN A "FAST-TRACK" EXPERIENCE INTO ICANN'S MULTISTAKEHOLDER PROCESS, WITH PRESENTATIONS ABOUT THE MANY PARTS OF ICANN AND OPPORTUNITIES TO NETWORK AND INTERACT WITH ICANN COMMUNITY MEMBERS AND STAFF. PRIORITY IS GIVEN TO CANDIDATES CURRENTLY LIVING IN UNDERSERVED AND UNDERREPRESENTED COMMUNITIES AROUND THE WORLD, THOSE WHO REPRESENT DIVERSITY OF GENDER, SECTOR, REGION, EXPERIENCE, AND EXPERTISE, AND/OR HAVE ESTABLISHED FINANCIAL NEED.

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.

[HTTPS://WWW.ICANN.ORG/FELLOWSHIPPROGRAM](https://www.icann.org/fellowshipprogram)

**Part V Supplemental Information**

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

TRAVEL AND HOTEL COSTS ASSOCIATED 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 US\$500.00. STIPENDS ARE GENERALLY PROVIDED TO FELLOWS BY WIRE TRANSFER AND ARE PAID TO EACH FELLOW SUBSEQUENT TO THE MEETING AND AFTER THE FELLOW HAS DEMONSTRATED COMPLETION OF THE FELLOWSHIP PROGRAM. DURING THE TWELVE MONTHS ENDED JUNE 30, 2017, ICANN PAID \$487,703 TO ALLOW ONE HUNDRED AND FIFTY-SEVEN (157) FELLOWSHIP PARTICIPANTS TO ATTEND THREE (3) 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 TEAM MEMBERS 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.

**Part V Supplemental Information**

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

AT JUNE 30, 2017, ICANN HAD INTERNATIONAL OFFICES LOCATED IN BRUSSELS, BELGIUM; ISTANBUL, TURKEY; SINGAPORE, SINGAPORE; NAIROBI, KENYA; AND GENEVA, SWITZERLAND.

THE NUMBER OF PEOPLE IN EACH REGION SHOWN IN PART I LINE 3 COL (C) OF 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. THIS INCLUDES AMOUNTS SHOWN ON PARTS II AND III AS GRANTS OR OTHER ASSISTANCE.

B. ALL COSTS ASSOCIATED WITH THREE ANNUAL PUBLIC MEETINGS (I.E., JOHANNESBURG, SOUTH AFRICA; COPENHAGEN, DENMARK; AND HYDERABAD, INDIA) DURING FISCAL YEAR 2017.

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

**Part V Supplemental Information**

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).

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

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on 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).

Department of the Treasury  
Internal Revenue Service

Name of the organization INTERNET CORPORATION FOR ASSIGNED

Employer identification number

NAMES AND NUMBERS

95-4712218

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

- 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
- 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF OREGON 1720 E 13TH AVE EUGENE, OR 97403	93-6015767	GOVT	140,000.				NSRC CONTRIBUTION
(2) OARC INC. 950 CHARTER STREET, REDWOOD CITY, CA 94063	26-2910778	501(C)(3)	23,500.				OARC 24 SPONSORSHIP
(3) ACCESS NOW P.O. BOX 115 NEW YORK, NY 10001-9998	27-0597430	501(C)(3)	10,000.				SPONSORSHIP RIGHTSCON 17
(4) INTERNET SOCIETY 1775 WIEHLE AVE #201, RESTON, VA 20190-5180	54-1650477	501(C)(3)	287,500.				CRYPTTECH
(5) INTERNET ASSOCIATION 1333 H ST NW, 12TH FL, WASHINGTON, DC 20005	20-2053855		6,000.				SUPPORT OF THE 4TH INTERNET FREEDOM ACT
(6) CARIBNOG INC 304 INDIAN TRACE, STE 649 WESTON, FL 33326	46-2354033		10,000.				GENERAL SUPPORT
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4.

3 Enter total number of other organizations listed in the line 1 table ▶ 2.

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

Schedule I (Form 990) (2016)

**Part III Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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 USE 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" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization **INTERNET CORPORATION FOR ASSIGNED**

Employer identification number

NAMES AND NUMBERS

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 on 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 checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input checked="" 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 (such as, 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 on 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on 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" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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" on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1a</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) 2016

Schedule J (Form 990) 2016

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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 AKRAM ATALLAH PRESIDENT, GDD	(i)	493,923.	188,962.	0.	35,000.	27,730.	745,615.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 SUSANNA H BENNETT CHIEF OPERATING OFFICER	(i)	347,113.	103,557.	0.	35,000.	7,586.	493,256.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 XAVIER CALVEZ CHIEF FINANCIAL OFFICER	(i)	312,106.	93,064.	0.	31,250.	27,730.	464,150.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 FADI CHEHADE FORMER PRESIDENT & CEO	(i)	287,873.	208,814.	0.	35,000.	6,933.	538,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 DAVID CONRAD CHIEF TECHNOLOGY OFFICER	(i)	291,542.	82,806.	0.	31,250.	19,678.	425,276.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ROBERT DUNCAN BURNS SVP, GLOBAL COMMUNICATIONS	(i)	308,119.	75,601.	0.	31,250.	27,434.	442,404.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 ELISE GERICH VP, IANA SVCS & PRESIDENT PTI	(i)	244,261.	72,839.	0.	31,250.	19,397.	367,747.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 ALLEN GROGAN CHIEF CONTRACT COMPLIANCE OFF.	(i)	296,135.	80,747.	0.	31,250.	19,678.	427,810.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 DANIEL E HALLORAN DEPUTY GENERAL COUNSEL	(i)	268,921.	53,286.	0.	31,250.	27,730.	381,187.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 JAMES HEDLUND VP, STRATEGIC PROGRAMS	(i)	290,970.	87,484.	0.	31,250.	27,434.	437,138.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 NIGEL HICKSON VP, IGO ENGAGEMENT	(i)	272,359.	60,636.	0.	42,020.	0.	375,015.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 JOHN JEFFREY GENERAL COUNSEL & SECRETARY	(i)	431,555.	128,333.	0.	13,250.	27,730.	600,868.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 TAREK KAMEL SVP, GOVERNMENT AND IGO ENGMT	(i)	388,377.	86,083.	0.	58,167.	0.	532,627.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 BO GORAN MARBY PRESIDENT & CEO	(i)	527,028.	89,904.	0.	35,000.	13,865.	665,797.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 CYRUS NAMAZI VP, DNS INDUSTRY ENGAGEMENT	(i)	281,879.	135,306.	0.	31,250.	17,397.	465,832.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 DAVID OLIVE SVP, POLICY DEVELOPMENT SUPPORT	(i)	366,911.	78,862.	0.	31,250.	19,678.	496,701.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2016



**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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ASHWIN RANGAN SVP, ENGINEERING & CIO	(i)	304,185.	90,413.	0.	35,000.	27,730.	457,328.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 AMY A STATHOS DEPUTY GENERAL COUNSEL	(i)	290,560.	57,321.	0.	31,250.	9,757.	388,888.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 THERESA SWINEHART SVP, MULTISTAKEHOLDER STRATEGY	(i)	363,644.	102,127.	0.	31,250.	9,091.	506,112.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 NICHOLAS TOMASSO VP, GLOBAL MEETING OPS	(i)	232,148.	45,956.	0.	31,250.	19,468.	328,822.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 CHRISTINE WILLETT VP, GTLD OPERATIONS	(i)	279,119.	83,038.	0.	31,250.	27,730.	421,137.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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, PART VII AND SCHEDULE J

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

FOR THE 2016 CALENDAR YEAR.

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

DURING CALENDAR YEAR 2016, THE INDIVIDUALS LISTED BELOW RECEIVED

COMPENSATION THAT WERE TREATED AS OTHER TAXABLE BENEFITS AND WERE

INCLUDED AS REPORTABLE COMPENSATION.

1) GORAN MARBY - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE

2) DAVID OLIVE - TRAVEL FOR COMPANIONS, TAX INDEMNIFICATION AND GROSS-UP

PAYMENTS AND HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE

3) DAVID CONRAD - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE

4) THERESA SWINEHART - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS AND

RELOCATION ALLOWANCE.

ICANN DOES NOT OFFER FIRST CLASS TRAVEL, BUT ALLOWS CERTAIN TRAVELERS TO

TRAVEL BUSINESS CLASS EITHER AS A RESULT OF THEIR FUNCTION OR DUE TO

**Part III Supplemental Information**

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.

MEDICAL REQUIREMENTS. SOME AIRLINES USE THE DESCRIPTION OF FIRST CLASS INSTEAD OF BUSINESS CLASS, WHICH MAY LEAD SOME ICANN-FUNDED TRAVELERS TO HAVE TRAVELED FIRST CLASS AS A RESULT. IF AN AIRLINE OFFERS BOTH FIRST AND BUSINESS CLASS, WITH FIRST CLASS BEING USUALLY MORE EXPENSIVE THAN BUSINESS CLASS, ICANN DOES NOT ALLOW FOR FIRST CLASS TRAVEL, UNLESS A COMPLIMENTARY UPGRADE HAS BEEN OFFERED TO THE TRAVELER FREE OF CHARGE OR THE TRAVELER CHOOSES TO PAY FOR AN UPGRADE WITH HIS OR HER OWN MONEY.

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 PERSONNEL WITH APPROPRIATE MOTIVATION FOR HIGH PERFORMANCE TOWARDS AGREED OBJECTIVES. THIS FRAMEWORK IS DESCRIBED IN DETAIL WITHIN THE DOCUMENT ENTITLED ICANN PERSONNEL REMUNERATION PRACTICES.

SEE ATTACHED LINKS:

[HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY17-01](https://www.icann.org/en/system/files/files/remuneration-practices-fy17-01)

JUL16-EN.PDF; AND

**Part III Supplemental Information**

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.

HTTPS:WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY17-01JA

N17-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 PERSONNEL. THE DRIVING ELEMENT OF THIS PHILOSOPHY IS THAT ICANN'S COMPENSATION IS MARKET-BASED. ICANN HAS PERSONNEL 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 PERSONNEL.

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

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

OMB No. 1545-0047

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.

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization INTERNET CORPORATION FOR ASSIGNED

Employer identification number

NAMES AND NUMBERS

95-4712218

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 COORDINATE, AT THE OVERALL LEVEL, AND TO ENSURE THE

STABLE AND SECURE OPERATING OF, THE GLOBAL INTERNET'S SYSTEM OF UNIQUE

IDENTIFIERS. IN PARTICULAR, ICANN FULFILLS ITS MISSION EITHER DIRECTLY,

OR THROUGH AN AFFILIATE 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 ROOT

ZONE; (IV) OVERSEEING OPERATION OF THE AUTHORITATIVE INTERNET ROOT ZONE;

AND (V) ENGAGING IN ANY OTHER RELATED LAWFUL ACTIVITY IN FURTHERANCE OF

ITEMS (I) THROUGH (IV). SEE ADDITIONAL INFORMATION ABOUT ICANN'S PROGRAMS

AND ACTIVITIES ON THE ICANN WEBSITE AND IN THE ICANN ANNUAL REPORT POSTED

ON WWW.ICANN.ORG.

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

GOVERNING BODY

IN ADDITION TO THE 16 VOTING MEMBERS OF THE BOARD OF DIRECTORS, ICANN'S

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

BYLAWS 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, 2017:

- 1) RAM MOHAN (SSAC LIAISON, 2009 - PRESENT)
- 2) JONNE SOININEN (IETF LIAISON, 2013 - PRESENT)
- 3) SUZANNE, WOOLF (RSSAC LIAISON, 2004 - OCT 2016)
- 4) THOMAS SCHNEIDER (GAC LIAISON, 2015 - OCT 2017)
- 5) KAVEH RANJBAR (RSSAC LIAISON, NOV 2016 - PRESENT)

FORM 990, PART III, LINE 3

ICANN IS RESPONSIBLE FOR THE PERFORMANCE OF THE INTERNET ASSIGNED NUMBERS AUTHORITY (IANA) FUNCTIONS. THROUGH CONTRACTS, ICANN HAS DELEGATED THE PERFORMANCE OF THE IANA FUNCTIONS TO PTI, AN AFFILIATE OF ICANN. PTI WAS ESTABLISHED IN AUGUST 2016 UNDER THE LAWS OF THE STATE OF CALIFORNIA AS A NON-PROFIT PUBLIC BENEFIT CORPORATION AND ICANN IS THE SOLE MEMBER OF PTI. PTI COMMENCED OPERATIONS ON OCTOBER 1, 2016 AND ITS FINANCIALS ARE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ICANN. ALL FUNDING FOR PTI IS RECEIVED FROM ICANN UNDER SUBCONTRACT AGREEMENTS. PTI'S SOLE PURPOSE IS THE PERFORMANCE OF THE IANA FUNCTIONS AS DELEGATED BY ICANN.

FORM 990, PART III, LINE 4A

PROGRAM SERVICE ACCOMPLISHMENTS

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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AS OF JUNE 30, 2017, THE INTERNET ROOT ZONE CONSISTED OF 22 LEGACY, 1226 NEW GENERIC TOP LEVEL DOMAINS (GTLDS) AND OVER 300 COUNTRY CODE TOP LEVEL DOMAINS (CCTLDS). EACH GTLD HAS A DESIGNATED "REGISTRY OPERATOR" AND, IN MOST CASES (EXCEPT FOR A FEW LEGACY TOP LEVEL DOMAINS (TLDS)), 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 2,000 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. ICANN OPENED THE NEW GTLD PROGRAM FOR APPLICATIONS IN JANUARY 2012; 1930 APPLICATIONS WERE SUBMITTED.

AS OF JUNE 30, 2017, ALL APPLICATIONS FOR NEW GTLDS THAT HAVE NOT BEEN WITHDRAWN HAVE COMPLETED INITIAL EVALUATION (IE) PHASE AND, WHERE APPLICABLE, EXTENDED 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 NOT ON HOLD FOR SOME OTHER REASON, 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

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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THE START OF THE CONTRACTING PROCESS INCLUDING, BUT NOT LIMITED TO, PENDING ICANN ACCOUNTABILITY MECHANISMS, UNRESOLVED CONTENTION, OR DIRECTION FROM THE ICANN BOARD.

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, 2017, 1226 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 RESPONSIBLE FOR THE GLOBAL TECHNICAL COORDINATION OF THE DNS. AS OF JUNE 30, 2017, THERE WERE OVER 240 MILLION INTERNET SECOND LEVEL DOMAIN NAMES, INCLUDING APPROXIMATELY 133 MILLION SECOND LEVEL 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.



Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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## NEW GTLD AUCTIONS

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. A TOTAL OF ONE (1) AUCTION WAS CONDUCTED DURING THE FISCAL YEAR ENDED JUNE 30, 2017.

FOR MORE INFORMATION ON AUCTIONS VISIT

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

FORM 990, PART IV, LINE 28A-C

## BUSINESS TRANSACTIONS WITH INTERESTED PARTIES

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:

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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[HTTP://WWW.ICANN.ORG/EN/GROUPS/BOARD/DOCUMENTS/SOIS](http://www.icann.org/en/groups/board/documents/sois)

FORM 990, PART VI, LINE 4

ICANN RESTATED THE ARTICLES OF INCORPORATION AND FULLY OVERHAULED ITS BYLAWS EFFECTIVE OCTOBER 1, 2016. THE CHANGES TO THESE TWO GOVERNING DOCUMENTS WERE MADE AS PART OF THE IANA STEWARDSHIP TRANSITION WHEREIN THE UNITED STATES GOVERNMENT DEPARTMENT OF COMMERCE TRANSITION ITS STEWARDSHIP OVER THE IANA FUNCTIONS TO THE GLOBAL INTERNET COMMUNITY. THE CURRENT VERSION OF THE ARTICLES OF INCORPORATION CAN BE FOUND AT [HTTPS://WWW.ICANN.ORG/RESOURCES/PAGES/GOVERNANCE/ARTICLES-EN](https://www.icann.org/resources/pages/governance/articles-en). THE CURRENT VERSION OF THE BYLAWS CAN BE FOUND AT [HTTPS://WWW.ICANN.ORG/RESOURCES/PAGES/GOVERNANCE/BYLAWS-EN](https://www.icann.org/resources/pages/governance/bylaws-en). AN EXPLANATION OF THE SIGNIFICANT CHANGES THAT WERE MADE TO THE BYLAWS WHICH BECAME EFFECTIVE ON OCTOBER 1, 2016 CAN BE FOUND THROUGH A LINK ON THE FOLLOWING PAGE:

[HTTPS://WWW.ICANN.ORG/PUBLIC-COMMENTS/DRAFT-NEW-BYLAWS-2016-04-21-EN](https://www.icann.org/public-comments/draft-new-bylaws-2016-04-21-en).

FORM 990, PART VI, LINE 7A

BODIES THAT APPOINT MEMBERS OF ICANN'S GOVERNING BODY

THE NOMINATING COMMITTEE (NOMCOM) IS RESPONSIBLE FOR THE NOMINATION OF EIGHT ICANN VOTING BOARD MEMBERS (SEE BYLAWS IN EFFECT AS OF JUNE 30, 2017, ARTICLE VII). THE NOMCOM IS ALSO CHARGED WITH POPULATING A PORTION OF 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

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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OTHER MEANS FOR FILLING A PORTION OF KEY ICANN LEADERSHIP POSITIONS  
ACHIEVED WITHIN THE SUPPORTING ORGANIZATIONS AND ADVISORY COMMITTEES.

THE BYLAWS IN EFFECT AS OF JUNE 30, 2017, 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  
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 NOMINATE 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 NOMINATES ONE VOTING BOARD MEMBER TO THE ICANN BOARD EVERY THREE

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

AFTER THE NOMCOM AND THE SUPPORTING ORGANIZATIONS IDENTIFY THEIR NOMINATIONS, THEY PROMPTLY NOTIFY THE EMPOWERED COMMUNITY, WHICH IS THE SOLE DESIGNATOR OF ICANN AND WHICH SHALL DESIGNATE, WITHIN THE MEANING OF SECTION 5220 OF THE CCC, ALL OF THE ABOVE IDENTIFIED VOTING BOARD MEMBERS AS DIRECTORS TO THE ICANN BOARD. IN ADDITION TO THE EC DESIGNATED BOARD MEMBERS, THE PRESIDENT AND CEO SITS AS AN EX OFFICIO VOTING BOARD MEMBER, WHO IS SELECTED BY THE ICANN BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 7B

WITH THE OCTOBER 1, 2016 AMENDEMENT OF ICANN'S BYLAWS, ICANN CREATED AN UNINCORPORATED ASSOCIATION CALLED THE EMPOWERED COMMUNITY. THE EMPOWERED COMMUNITY HAS LIMITED AND ENUMERATED POWERS IN RELATION TO THE ICANN BOARD. FIRST, THE EMPOWERED COMMUNITY IS RESPONSIBLE FOR THE APPOINTMENT OF ALL VOTING MEMBERS OF THE ICANN BOARD OF DIRECTORS (OTHER THAN THE PRESIDENT AND CEO). THE EMPOWERED COMMUNITY, MADE UP OF ENTITIES PARTICIPATING IN ICANN'S MULTISTAKEHOLDER COMMUNITY, MAY REJECT THE ICANN BOARD'S APPROVAL OF SOME BYLAWS AMENDMENTS, BUDGETS, ANNUAL AND FIVE YEAR OPERATING PLANS, AND FIVE YEAR STRATEGIC PLANS. THIS REJECTION RIGHT MEANS THAT THE ICANN BOARD MUST GO BACK AND LOOK AT THESE ITEMS AGAIN; THE EMPOWERED COMMUNITY MAY NOT DIRECT THE VERSION OF THESE DOCUMENTS THAT THE ICANN BOARD MUST APPROVE. THE EMPOWERED COMMUNITY MUST ALSO CONSENT TO THE ICANN BOARD'S APPROVAL OF THE AMENDEMENT OF CERTAIN PARTS OF THE ICANN BYLAWS (SUCH AS ICANN'S MISSION OR KEY ACCOUNTABILITY

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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COMMITMENTS), AS WELL AS TO RESTATEMENTS OF THE ARTICLES OF INCORPORATION OR A SALE OF ASSETS.

FORM 990, PART VI, LINES 10A & 10B

LOCAL CHAPTERS, BRANCHES AND AFFILIATES

DURING FISCAL YEAR 2017, ICANN HAD OFFICES OUTSIDE OF THE UNITED STATES IN BRUSSELS, BELGIUM; ISTANBUL, TURKEY; SINGAPORE, SINGAPORE; GENEVA, SWITZERLAND; AND NAIROBI, KENYA; ALL OF WHICH PROVIDED OPERATIONAL OR ENGAGEMENT SUPPORT TO THEIR RESPECTIVE GEOGRAPHICAL REGIONS AND/OR TIME ZONES.

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.
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

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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ALL BOARD MEMBERS, ORGANIZATION PERSONNEL, AND INDEPENDENT CONTRACTORS. THE OFFICE OF THE GENERAL COUNSEL MONITORS THE POLICIES WITH OVERSIGHT BY THE BOARD GOVERNANCE COMMITTEE (BGC) AS THEY RELATE TO THE BOARD. A CONFLICTS OF INTEREST DISCLOSURE STATEMENT IS COMPLETED ANNUALLY AND SIGNED BY EACH BOARD MEMBER, OFFICER, ORGANIZATION PERSONNEL, AND INDEPENDENT CONTRACTOR. THE ORGANIZATION PERSONNEL 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 BGC. 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.

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, LINES 13 & 14

WHISTLEBLOWER POLICY AND DOCUMENT RETENTION AND DESTRUCTION POLICY

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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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 & 15B

PROCESS FOR DETERMINING COMPENSATION

ICANN FOLLOWS PRINCIPLES OF ACCOUNTABILITY AND TRANSPARENCY AND DESCRIBES ITS REMUNERATION PLANS AND PRACTICES, WHICH ARE CONTINUALLY UPDATED. THE VERSION OF ICANN'S REMUNERATION PRACTICES APPLICABLE DURING FY2017 ARE POSTED AT:

[HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY17-01  
JUL16-EN.PDF](https://www.icann.org/en/system/files/files/remuneration-practices-fy17-01-jul16-en.pdf); AND

[HTTPS://WWW.ICANN.ORG/EN/SYSTEM/FILES/FILES/REMUNERATION-PRACTICES-FY17-01  
JAN17-EN.PDF](https://www.icann.org/en/system/files/files/remuneration-practices-fy17-01-jan17-en.pdf)

THE PROCESS FOR DETERMINING COMPENSATION, INCLUDING SURVEYS OF COMPARABLE POSITIONS AND OTHER MARKET STUDIES IS DESCRIBED IN THESE REMUNERATION PRACTICES REPORTS. OFFICER 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 MAINTAINED BY THE BOARD SECRETARY AS PART OF THE CORPORATE SECRETARIAT

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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FUNCTION. EACH YEAR THE APPOINTMENT FOR EACH OFFICER IS CONFIRMED BY THE BOARD OF DIRECTORS AT THE ANNUAL GENERAL MEETING. THE ANNUAL COMPENSATION MERIT REVIEW PROCESS FOR ORGANIZATION PERSONNEL WAS LAST COMPLETED IN JULY 2016.

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-2016-FORM-990-15MAR17-EN.PD](https://www.icann.org/en/system/files/files/fy-2016-form-990-15mar17-en.pdf)

F

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 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 DOCUMENTS, CONFLICTS OF INTEREST, AND FINANCIAL STATEMENTS.

IN ACCORDANCE WITH ITS CORPORATE BYLAWS (SEE



Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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HTTPS://WWW.ICANN.ORG/RESOURCES/PAGES/GOVERNANCE/BYLAWS) AND THE AFFIRMATION OF COMMITMENTS ICANN HAD WITH THE UNITED STATES DEPARTMENT OF COMMERCE THAT ENDED IN JANUARY 2017 (SEE HTTPS://WWW.ICANN.ORG/RESOURCES/PAGES/GOVERNANCE/AOC-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.

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, 2017.

FORM 990, PART VII, SECTION A, LINE 3 AND LINE 16, COLUMN D COMPENSATION FOR MIKE SILBER AND STEVE CROCKER, RESPECTIVELY, ARE NOT CONSIDERED REPORTABLE, AS THEIR COMPENSATION IS PAID TO MR. SILBER'S AND MR. CROCKER'S CORPORATIONS, SILBER CONSULTING (\$45,000) AND SHINKURO, INC. (\$75,000), RESPECTIVELY.

COMPENSATION FOR LOUSEWIES VAN DER LAAN INCLUDED OCTOBER 2015 - DECEMBER 2015.

FORM 990, PART VII, SECTION B

COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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ICANN USUALLY DISCLOSES ALL CONTRACTORS WITH WHICH IT SPENT \$1 MILLION OR MORE DURING THE PERIOD, IN ADDITION TO THE TOP FIVE CONTRACTORS. DURING FY17, ICANN DID NOT PAY \$1 MILLION OR MORE TO ANY CONTRACTORS THAT ARE NOT DISCLOSED IN THIS SECTION OF THE FORM 990.

FORM 990, PART IX, LINE 11G

FEES FOR SERVICES - OTHER

CONSULTING SERVICES	\$6,730,548
NEW GTLD AUCTION FEES	\$2,770,407
TRANSLATION SERVICES	\$2,526,603
TEMPORARY PERSONNEL	\$1,878,060
NEW GTLD PRE-DELEGATION TESTING	\$1,736,468
STUDIES & RESEARCH	\$1,300,617
TRANSCRIPTION SERVICES	\$1,215,001
COMMUNICATIONS	\$1,148,119
STRATEGIC INITIATIVES	\$977,764
DATA ESCROW	\$647,488
NEW GTLD TRADEMARK CLEARINGHOUSE	\$379,421
POLICY DEVELOPMENT	\$377,030
IDN PROGRAMS	\$340,867
RECRUITING SERVICES	\$229,403
FIN & TECH EVALUATIONS	\$226,843
PUBLIC AFFAIRS	\$2,589
	-----
TOTAL	\$22,487,228

Name of the organization INTERNET CORPORATION FOR ASSIGNED  
NAMES AND NUMBERS

Employer identification number  
95-4712218

FORM 990, PART IX, LINE 24A

RISK COSTS - GTLD

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

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

PTI EXPENSE RECLASS	(\$5,452,479)
FOREIGN EXCHANGE GAIN (LOSS)	(\$188,903)
NON-INVESTMENT ADMIN FEES	(\$55,275)
ROUNDING	\$1
	-----
TOTAL	(\$5,696,656)

ATTACHMENT 1

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

BELGIUM

TURKEY

SWITZERLAND

SINGAPORE

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
JONES DAY 555 S FLOWER STREET, 50TH FLOOR LOS ANGELES, CA 90071	LEGAL SERVICES	8,749,499.

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95-4712218
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ATTACHMENT 2 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
POWER AUCTIONS LLC 1000 POTOMAC ST. NW, SUITE 260 WASHINGTON DC, DC 20007	NEW GTLD PROGRAM	3,933,020.
SIDLEY AUSTIN LLP ONE SOUTH DEARBORN CHICAGO, IL 60603	LEGAL SERVICES	2,723,944.
DBA MOORE-LE-PROS AVENIDA GAONA 1315 P9A BUENOS AIRES ARGENTINA 1416	TRANSLATION SERVICES	818,176.
KPMG DEPT 0922 PO BOX 12922 DALLAS, TX 75312-0922	PROF SVCS - AUDITING	624,858.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **INTERNET CORPORATION FOR ASSIGNED**

Employer identification number

**NAMES AND NUMBERS**

**95-4712218**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PUBLIC TECHNICAL IDENTIFIERS 32-0512841 12025 WATERFRONT DR, STE 300 LOS ANGELES, CA 90094	IANA FUNCTION	CA	501(C)(3)	10	ICANN	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2016

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PUBLIC TECHNICAL IDENTIFIERS	M	5,452,479.	FMV
(2) PUBLIC TECHNICAL IDENTIFIERS	O	3,353,456.	FMV
(3) PUBLIC TECHNICAL IDENTIFIERS	Q	5,452,479.	FMV
(4)			
(5)			
(6)			

**Part VI** Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													



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**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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