

Attached are the United States Department of Treasury Internal Revenue Service Form 990 and the State of California Form 199. The Form 990 is the Return for Organizations exempt from income tax under section 501(c)3 of the Internal Revenue Code. The Form 199 is the annual information return for exempt organizations in the State of California. The Form 990 is also publicly available on the www.guidestar.com website.

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

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input checked="" type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4676 ADMIRALTY WAY 330</p> <p>City or town, state or country, and ZIP + 4 MARINA DEL REY, CA 90292-6601</p>	<p>D Employer identification number 95-4712218</p> <p>E Telephone number (310) 823-9358</p> <p>F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ **N/A**

G Website: ▶ **ICANN.ORG**

J Organization type (check only one) ▶ 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **43,471,000.**
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

	1	Contributions, gifts, grants, and similar amounts received:						
	a	Contributions to donor advised funds	1a					
	b	Direct public support (not included on line 1a)	1b	1,277,231.				
	c	Indirect public support (not included on line 1a)	1c					
	d	Government contributions (grants) (not included on line 1a)	1d					
	e	Total (add lines 1a through 1d) (cash \$ 1,277,231. noncash \$)			1e	1,277,231.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	41,760,359.		
	3	Membership dues and assessments			3			
	4	Interest on savings and temporary cash investments			4	433,258.		
	5	Dividends and interest from securities			5			
Revenue	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c			
	7	Other investment income (describe ▶)			7			
	8 a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
	b	Less: cost or other basis and sales expenses	8a		8b			
	c	Gain or (loss) (attach schedule)	8c		8c			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d			
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
	a	Gross revenue (not including \$ of contributions reported on line 1b)	9a					
	b	Less: direct expenses other than fundraising expenses	9b					
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c			
	10 a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c			
	11	Other revenue (from Part VII, line 103)			11	152.		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	43,471,000.		
Expenses	13	Program services (from line 44, column (B))			13	21,165,758.		
	14	Management and general (from line 44, column (C))			14	5,475,242.		
	15	Fundraising (from line 44, column (D))			15			
	16	Payments to affiliates (attach schedule)			16			
	17	Total expenses. Add lines 16 and 44, column (A)			17	26,641,000.		
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	16,830,000.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	18,406,143.		
	20	Other changes in net assets or fund balances (attach explanation)		SEE STATEMENT 2	20	-143.		
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	35,236,000.		

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Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	2,324,783.	1,720,338.	604,445.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	6,719,466.	4,837,831.	1,881,635.	
27 Pension plan contributions not included on lines 25a, b, and c	967,033.	700,519.	266,514.	
28 Employee benefits not included on lines 25a - 27	1,588,576.	1,144,248.	444,328.	
29 Payroll taxes	485,381.	351,610.	133,771.	
30 Professional fundraising fees				
31 Accounting fees	95,279.		95,279.	
32 Legal fees	1,055,146.	1,055,146.		
33 Supplies	838,766.	1,212.	837,554.	
34 Telephone	986,733.	511,236.	475,497.	
35 Postage and shipping	167,640.	108,280.	59,360.	
36 Occupancy	782,496.	195,086.	587,410.	
37 Equipment rental and maintenance	131,233.		131,233.	
38 Printing and publications	348,202.	253,577.	94,625.	
39 Travel	5,396,378.	5,306,860.	89,518.	
40 Conferences, conventions, and meetings	623,867.	584,794.	39,073.	
41 Interest	34,514.		34,514.	
42 Depreciation, depletion, etc. (attach schedule)	139,647.		139,647.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 3	3,955,860.	4,395,021.	-439,161.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	26,641,000.	21,165,758.	5,475,242.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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

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

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 4</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a TO ASSIST IN THE DESIGN, DEVELOPMENT AND TESTING OF THE MECHANISMS, METHODS AND PROCEDURES NECESSARY FOR OVERSIGHT OF THE ROOT SERVERS AND OTHER POLICIES TO MAINTAIN UNIVERSAL CONNECTIVITY ON THE INTERNET.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	21,165,758.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	21,165,758.

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	6,648,899.	45	4,499,096.
	46	Savings and temporary cash investments	5,141,048.	46	26,531,904.
	47 a	Accounts receivable	16,291,000.		
		b Less: allowance for doubtful accounts	1,321,000.		
			13,516,070.	47c	14,970,000.
	48 a	Pledges receivable			
		b Less: allowance for doubtful accounts			48c
	49	Grants receivable			49
	50 a	Receivables from current and former officers, directors, trustees, and key employees			50a
		b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b
	51 a	Other notes and loans receivable			
		b Less: allowance for doubtful accounts			51c
	52	Inventories for sale or use			52
	53	Prepaid expenses and deferred charges	221,000.	53	270,000.
	54 a	Investments - publicly-traded securities			54a
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV				
54 b	Investments - other securities			54b	
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV				
55 a	Investments - land, buildings, and equipment: basis				
	b Less: accumulated depreciation			55c	
56	Investments - other			56	
57 a	Land, buildings, and equipment: basis	1,096,000.			
	b Less: accumulated depreciation	514,000.			
		259,519.	57c	582,000.	
58	Other assets, including program-related investments (describe <input type="checkbox"/> OTHER ASSETS	55,728.	58	97,000.	
59	Total assets (must equal line 74). Add lines 45 through 58	25,842,264.	59	46,950,000.	
Liabilities	60	Accounts payable and accrued expenses	2,481,808.	60	4,270,000.
	61	Grants payable		61	
	62	Deferred revenue	4,954,313.	62	7,444,000.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
		b Mortgages and other notes payable		64b	
	65	Other liabilities (describe <input type="checkbox"/>		65	
66	Total liabilities. Add lines 60 through 65	7,436,121.	66	11,714,000.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	18,381,149.	67	35,236,000.
	68	Temporarily restricted	24,994.	68	0.
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	18,406,143.	73	35,236,000.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	25,842,264.	74	46,950,000.	

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed		CA
b	Number of employees employed in the pay period that includes March 12, 2006	90b	38
91 a	The books are in care of		KEVIN WILSON, CFO
	Located at		4676 ADMIRALTY WAY #330, MARINA DEL REY, CA
	Telephone no.		310-301-3899
	ZIP + 4		90292
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		N/A

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Part VI Other Information (continued)			Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c			<input checked="" type="checkbox"/>	<input type="checkbox"/>
If "Yes," enter the name of the foreign country BELGIUM				
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶			<input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the tax year ▶			92	N/A

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a DOMAIN NAME					37,070,363.
b ADDRESS REGISTRY					823,000.
c ACCREDITATION					3,596,996.
d APPLICATION					270,000.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	433,258.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER INCOME					152.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		433,258.	41,760,511.
105 Total (add line 104, columns (B), (D), and (E))					42,193,769.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)	
Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 6

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)				
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)	
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	-----				
b	-----				
c	-----				
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	-----				
b	-----				
c	-----				
Totals					

				Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?				<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

Please Sign Here	<div style="text-align: center; font-size: 2em; opacity: 0.5; font-weight: bold;">COPY</div>	Date	
	Signature of officer		
	Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no. ▶ 858-627-1400	
	MOSS ADAMS LLP			
	9665 GRANITE RIDGE DRIVE, SUITE 600			
	SAN DIEGO, CA 92123			

Form 990 (2006)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2006

Supplementary Information-(See separate instructions.)

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

Department of the Treasury
Internal Revenue Service

Name of the organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 95: 4712218
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>ANDREW SAVAGE</u> 4676 ADMIRALTY, #330, MARINA DEL REY	HR DIRECTOR 60.00	<i>Compensation, employee benefit, and expense account information redacted for confidentiality.</i>		
<u>DAVID R. CONRAD</u> 4676 ADMIRALTY, #330, MARINA DEL REY	VP, RESEARCH 60.00			
<u>THERESA C. SWINEHART</u> 4676 ADMIRALTY, #330, MARINA DEL REY	VP, GLOBAL PT 60.00			
<u>DENISE M. MICHEL</u> 4676 ADMIRALTY, #330, MARINA DEL REY	VP, POLICY DV 60.00			
<u>AMY A. STATHOS</u> 4676 ADMIRALTY, #330, MARINA DEL REY	SENIOR COUNSE 60.00			
Total number of other employees paid over \$50,000 ▶	32			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>JONES DAY</u> 555 FLOWER ST, 15TH FLR, LOS ANGELES, CA 90071	LEGAL SERVICES	1210131.
<u>MEHLMAN VOGEL CASTAGNETTI, INC</u> 1341 G STREET NW, SUITE 1100, WASHINGTON DC 20005	GOVERNMENT AFFAIRS CONSULTIN	240,000.
<u>EDELMAN</u> HAYMARKET HOUSE, 28/29 HAYMARKET, LONDON, SW1Y4SP	PROFESSIONAL PR	168,865.
<u>STONE AND GRZEGOREK</u> 800 WILSHIRE BLVD # 350, LOS ANGELES, CA 90017	LEGAL - IMMIGRATION MATTE	109,942.
<u>SUMMIT STRATEGIES INTERNATIONAL</u> 3048 DAVENPORT ST NW, WASHINGTON DC 20008	TECHNICAL EVALUTATIONS	80,325.
Total number of others receiving over \$50,000 for professional services ▶	5	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>PROJECT MANAGEMENT SOLUTIONS</u> 6970 LEFFERSON ROAD, MIDDLETOWN, OH 45044	MANAGEMENT CONSULTING	692,292.
<u>CROWN IT LLC</u> 5510 NE ANTIOCH ROAD, SUITE 243, KANSAS CITY, MO	IT CONTRACTING	564,747.
<u>COMPASSROSE INTERNATIONAL</u> 888 17TH ST. NW, SUITE 620, WASHINGTON DC 20006	STRATEGIC MANAGEMENT	235,019.
<u>ESCV, INC.</u> 27200 TOURNEY RD. #340, VALENCIA, CA 91355, USA	SOFTWARE DEVELOPMENT	216,854.
<u>PS2 PTY LTD</u> GPO BOX 4282, SYDNEY 2001, AUSTRALIA	GENERAL CONSULTING	159,432.
Total number of other contractors receiving over \$50,000 for other services ▶	28	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>240,000</u> . (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) <u>VI-B, LINE I</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
d	Enter the total number of donor advised funds owned at the end of the tax year		N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Note: Lobbying activities reported in this return reflect all costs incurred by consultants engaged in lobbying activities. Actual lobbying costs are a subset of this amount. This is an improvement of reporting practices from prior years.

INTERNET CORPORATION FOR ASSIGNED NAMES

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

INTERNET CORPORATION FOR ASSIGNED NAMES

Schedule A (Form 990 or 990-EZ) 2006 AND NUMBERS

95-4712218 Page 4

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,032,608.	746,937.	744,568.	822,388.	3,346,501.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	25,673,700.	14,504,520.	9,068,551.	4,946,253.	54,193,024.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	98,927.	26,874.	12,408.	18,428.	156,637.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEMENT 7	-2,306.	-2,306.
23 Total of lines 15 through 22	26,805,235.	15,278,331.	9,825,527.	5,784,763.	57,693,856.
24 Line 23 minus line 17	1,131,535.	773,811.	756,976.	838,510.	3,500,832.
25 Enter 1% of line 23	268,052.	152,783.	98,255.	57,848.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) 10,867,759. (2004) 1,431,166. (2003) 929,850. (2002) 263,289.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) 2,063,221. (2004) 2,552,050. (2003) 1,278,961. (2002) 677,375.					
c Add: Amounts from column (e) for lines: 15 3,346,501. 16 _____ 17 54,193,024. 20 _____ 21 _____					27c 57,539,525.
d Add: Line 27a total 13,492,064. and line 27b total 6,571,607.					27d 20,063,671.
e Public support (line 27c total minus line 27d total)					27e 37,475,854.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 57,693,856.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 64.9564%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .2715%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					NONE

INTERNET CORPORATION FOR ASSIGNED NAMES

Schedule A (Form 990 or 990-EZ) 2006 AND NUMBERS

95-4712218 Page 5

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

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

Schedule A (Form 990 or 990-EZ) 2006

INTERNET CORPORATION FOR ASSIGNED NAMES

Schedule A (Form 990 or 990-EZ) 2006 AND NUMBERS

95-4712218 Page 6

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000	20% of the amount on line 40	
	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	
41		41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		240,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			240,000.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

SEE STATEMENT 8

823151
01-18-07

Schedule A (Form 990 or 990-EZ) 2006

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2006

Name of organization INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS	Employer identification number 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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

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

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, Form 990-EZ, and Form 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2006)
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*Name and addresses of contributors redacted
due to confidentiality*

Name of organization
**INTERNET CORPORATION FOR ASSIGNED NAMES
 AND NUMBERS**

Employer identification number

95-4712218

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 5,139.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
**INTERNET CORPORATION FOR ASSIGNED NAMES
 AND NUMBERS**

Employer identification number

95-4712218

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 7,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
**INTERNET CORPORATION FOR ASSIGNED NAMES
 AND NUMBERS**

Employer identification number

95-4712218

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
INTERNET CORPORATION FOR ASSIGNED NAMES
AND NUMBERS

Employer identification number

95-4712218

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 25,872.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
INTERNET CORPORATION FOR ASSIGNED NAMES
AND NUMBERS

Employer identification number

95-4712218

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 36,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 37,232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 38,758.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 40,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
**INTERNET CORPORATION FOR ASSIGNED NAMES
 AND NUMBERS**

Employer identification number

95-4712218

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 46,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 85,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
**INTERNET CORPORATION FOR ASSIGNED NAMES
 AND NUMBERS**

Employer identification number

95-4712218

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 122,974.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 144,999.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 170,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 190,187.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS
AMENDED FEDERAL FORM 990
EIN: 95-4712218
TAX YEAR END: JUNE 30, 2007**

STATEMENT REGARDING FILING OF AMENDED FORM 990:

THIS RETURN IS BEING AMENDED TO CORRECT INFORMATION REPORTED ON SCHEDULE A, PART IV-A, SUPPORT SCHEDULE; TO CORRECT PAGE 1 LINE 1B, DIRECT PUBLIC SUPPORT CONTRIBUTION INCOME; AND TO CORRECT SCHEDULE B, SCHEDULE OF CONTRIBUTORS.

SCHEDULE A

SCHEDULE A AS ORIGINALLY FILED SHOWED PUBLIC SUPPORT TESTING OF 65.8767%. THE RETURN AS AMENDED IS CORRECTING THE SUPPORT SCHEDULE TO RELECT THE PUBLIC SUPPORT TESTING AMOUNT OF 64.9564%. THE RETURN AS ORIGINALLY FILED HAD AN INCORRECT AMOUNT LISTED ON LINE 17 FOR 2005 AND TRANSPOSITION ERROR ON LINE 27.

DIRECT PUBLIC SUPPORT CONTRIBUTIONS, PAGE 1, LINE 1B

THE RETURN AS ORIGINALLY FILED REPORTED DIRECT PUBLIC SUPPORT CONTRIBUTIONS ON PAGE 1, LINE 1B OF \$1,032,608. THE RETURN AS AMENDED IS CORRECTING THE DIRECT PUBLIC SUPPORT CONTRIBUTION AMOUNT TO \$1,277,231 BY RECLASSIFYING PROGRAM REVENUE. THUS THERE HAS BEEN NO CHANGE IN TOTAL REVENUE.

FORM 990, PART VII, LINE 93A HAS ALSO BEEN ADJUSTED TO REFLECT THE ABOVE RECLASSIFICATION OF CONTRIBUTION INCOME AND PROGRAM REVENUE.

SCHEDULE B

THE RETURN AS ORIGINALLY FILED DID NOT CONTAIN THE CONTRIBUTIONS RECEIVED FOR THE YEAR ENDING JUNE 30, 2007. THE AMENDED RETURN DISCLOSES ALL CONTRIBUTORS WHO GAVE \$5,000 OR MORE TO THE ORGANIZATION FOR THE YEAR ENDING JUNE 30, 2007.

FOOTNOTES

STATEMENT 1

STATEMENT 1-A REGARDING FUNDRAISING EXPENSES:

THE ORGANIZATION DOES NOT INCUR FUNDRAISING EXPENSES AS MOST OF THE INCOME RECEIVED IS FOR PROGRAM SERVICES RENDERED.

STATEMENT 1-B: NOTE REGARDING COMPENSATION FOR DR. PAUL TWOMEY, PRESIDENT & CHIEF EXECUTIVE OFFICER:

IN FISCAL YEAR ENDING 30 JUNE 2007 ("FY07"), COMPENSATION AND BENEFITS WERE PROVIDED FOR DR. PAUL TWOMEY'S SERVICES THROUGH AGREEMENT WITH ARGO PACIFIC PTY LIMITED, AN AUSTRALIAN PROPRIETARY COMPANY (ARGO).

PURSUANT TO THE AGREEMENT ARGO WAS PAID \$219,345 ASSOCIATED WITH DR. TWOMEY'S EMPLOYEE BENEFITS, AND \$722,079 FOR TOTAL COMPENSATION RELATING TO DR. TWOMEY, INCLUDING: 1) TWO FOREIGN CURRENCY ADJUSTMENTS OF \$24,048 FOR PRIOR FISCAL YEARS, AND \$36,837 FOR FY07; AND 2) THREE BONUSES TOTALING \$209,719 FOR SERVICE DURING 2004, 2005, AND 2006. IN ADDITION, ADJUSTMENTS TO DR. TWOMEY'S BASE COMPENSATION STRUCTURE PAID TO ARGO WERE ALSO MADE DUE TO CURRENCY FLUCTUATIONS CAUSED BY THE DECLINING VALUE OF THE UNITED STATES DOLLAR, DURING THIS FISCAL PERIOD.

THE COMPENSATION AND BENEFITS PAYMENTS MADE TO ARGO FOR DR. TWOMEY'S SERVICES, WERE STRUCTURED AND APPROVED BY THE ICANN BOARD'S COMPENSATION COMMITTEE AND ICANN'S BOARD OF DIRECTORS.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
ADJUSTMENT FOR FINANCIAL STATEMENT ROUNDING		-143.	
TOTAL TO FORM 990, PART I, LINE 20		-143.	

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
BAD DEBT RECOVERY	-2,428,593.		-2,428,593.		
INSURANCE	164,837.	9,890.	154,947.		
COMPUTER CONSULTANTS	239,411.	173,429.	65,982.		
ADMISTRATION	166,149.	0.	166,149.		
OUTSIDE CONSULTANTS - INDEPENDENT					
CONTRACTORS	1,725,025.	1,249,608.	475,417.		
MEETING PLANNING	220,379.	159,643.	60,736.		
TRANSCRIPTION SERVICES	6,020.	4,361.	1,659.		
PROJECT MANAGEMENT	3,450,431.	2,499,492.	950,939.		
DIGITAL ARCHIVING	100.	72.	28.		
TRANSLATION	152,101.	110,182.	41,919.		
GOVERNMENTAL AFFAIRS	260,000.	188,344.	71,656.		
TOTAL TO FM 990, LN 43	3,955,860.	4,395,021.	-439,161.		

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	4
	PART III		

EXPLANATION

TO PRIVATIZE THE MANAGEMENT OF THE DOMAIN NAME SYSTEM AND OTHER INTERNET COORDINATION IN A MANNER WHICH INCREASES COMPETITION AND FACILITATES INTERNATIONAL PARTICIPATION.

Form 990 for the current year excludes expenses for officers and board members which constitute business expense reimbursements as part of an accountable plan. This is a correction from the Form 990 reporting practices of prior years. Officers with housing allowances as part of their benefit packages, show amounts under expense accounts in the Form 990 equal to the housing allowance including all new related taxes.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RAIMUNDO BECA 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.	0.	0.
VITTORIO BERTOLA 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	LIAISON 10.00	0.	0.	0.
DOUGLAS R. BRENT 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	CHIEF OPERATING OFFICER 60.00	148,500.	37,789.	12,000.
VINTON G. CERF 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	CHAIRMAN 10.00	0.	0.	0.
SUSAN P. CRAWFORD 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.	0.	0.
STEVE P. CROCKER 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	LIAISON 10.00	0.	0.	0.
DANIEL DARDAILLER 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	LIAISON 10.00	0.	0.	0.
ROBERTO GAETANO 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	VICE CHAIRMAN 10.00	0.	0.	0.
DEMI GETSCHKO 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.	0.	0.

INTERNET CORPORATION FOR ASSIGNED NAMES

95-4712218

STEVE GOLDSTEIN 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.	0.	0.
HAGEN HULTZSCH 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.	0.	0.
JOICHI ITO 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.	0.	0.
JOHN JEFFREY 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	GENERAL COUNSEL/CORPORATE SECRETARY 60.00	276,560.	41,639.	0.
JANIS KARKLINS 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	LIAISON 10.00	0.	0.	0.
MELANIE A. KELLER 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	FORMER CFO 60.00	226,672.	33,406.	0.
PAUL A. LEVINS 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	VP, CORPORATE AFFAIRS 60.00	210,695.	27,328.	21,000.
VENI MARKOVSKI 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.	0.	0.
THOMAS NARTEN 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	LIAISON 10.00	0.	0.	0.
ALEJANDRO PISANTY 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.	0.	0.

KURT J. PRITZ 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	SENIOR VP, SERVICES 60.00	286,600.	58,315.	0.
HUALIN QIAN 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.	0.	0.
RAJASEKHAR RAMARAJ 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.	0.	0.
NJERI RIONGE 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.	0.	0.
RITA RODIN 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.	0.	0.
VANDA SCARTEZINI 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.	0.	0.
FRANCISCO A. JESUS SILVA 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	LIAISON 10.00	0.	0.	0.
MOHAMED SHARIL TARMIZI 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	LIAISON 10.00	0.	0.	0.
PETER DENGATE THRUSH 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.	0.	0.
BRUCE TONKIN 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.	0.	0.

(A) In Fiscal Year ending 30 June 2007 ("FY07"), compensation and benefits were provided for Dr. Paul Twomey's services through agreement with Argo Pacific PTY Limited, an Australian proprietary company (ARGO).

Pursuant to the agreement AGRO was paid \$219,345 associated with Dr. Twomey's employee benefits, and \$722,079 for total compensation relating to Dr. Twomey, including: 1) Two foreign currency adjustments of \$24,048 for prior fiscal years, and \$36,837 for FY07; and 2) Three bonuses totaling addition. Adjustments to Dr. Twomey's base compensation structure paid to ARGO were also made due to currency fluctuations caused by the declining value of the United States Dollar, during this fiscal period.

The compensation and benefit payments made to ARGO for Dr. Twomey's services, were structured and approved by the ICANN board's compensation committee and ICANN's board of directors.

SCHEDULE A	STATEMENT OF LOBBYING ACTIVITIES - PART VI-B	STATEMENT	8
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THE ORGANIZATION HIRED A GOVERNMENT AFFAIRS FIRM DURING THE YEAR ENDED JUNE 30, 2007. AS PART OF THE SERVICES PROVIDED, THE GOVERNMENT AFFAIRS FIRM INCURRED \$240,000 OF LOBBYING EXPENDITURES RELATING TO DIRECT LOBBYING WITH FEDERAL LEGISLATORS.

YEAR

2006

California Exempt Organization Annual Information Return

629941/12-21-06 FORM

199

Form header section including date (JULY 1 2006 to JUNE 30 2007), corporation name (INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS), and various checkboxes for filing status and accounting methods.

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with 14 rows detailing Receipts and Revenues, Expenses, and Filing Fee. Includes sub-tables for cost of goods sold and total costs.

- 15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation...
16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board?
17 Is the organization exempt under R&TC Section 23701g?
18 Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income?
19 The financial records are in care of KEVIN WILSON, CFO Daytime telephone 310-301-3899

located at 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292

Signature and preparer information section. Includes fields for officer signature, date, title, and preparer's name (MOSS ADAMS LLP) and address (9665 GRANITE RIDGE DRIVE, SUITE 600 SAN DIEGO, CA 92123).

INTERNET CORPORATION FOR ASSIGNED NAMES
AND NUMBERS

95-4712218

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

62895 1/12-21-06

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	433,258.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income SEE STATEMENT 3	7	41,760,511.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	42,193,769.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	11	2,324,783.
	12	Other salaries and wages	12	6,719,466.
	13	Interest	13	34,514.
	14	Taxes	14	485,381.
	15	Rents	15	913,729.
	16	Depreciation and depletion	16	139,647.
	17	Other SEE STATEMENT 5	17	16,023,480.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	26,641,000.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		11,789,947.		31,031,000.
2	Net accounts receivable		13,516,070.		14,970,000.
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans (number of loans _____)				
9	Other investments				
10	a Depreciable assets	935,755.		1,096,000.	
	b Less accumulated depreciation	(676,236.)	259,519.	(514,000.)	582,000.
11	Land				
12	Other assets STMT 6		276,728.		367,000.
13	Total assets		25,842,264.		46,950,000.
Liabilities and net worth					
14	Accounts payable		2,481,808.		4,270,000.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities STMT 7		4,954,313.		7,444,000.
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		18,406,143.		35,236,000.
22	Total liabilities and net worth		25,842,264.		46,950,000.

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	16,829,851.	7	Income recorded on books this year not included in this return STMT 8	-149.
2	Federal income tax		8	Deductions in this return not charged against book income this year	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	-149.
4	Income not recorded on books this year		10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return			Subtract line 9 from line 6	16,830,000.
6	Total. Add line 1 through line 5	16,829,851.			



STATE OF CALIFORNIA
EXEMPT ORGANIZATIONS SECTION
FRANCHISE TAX BOARD
PO BOX 1286
RANCHO CORDOVA CA 95741-1286
TELEPHONE: (916) 845-4171

Political or Legislative Activities By Section 23701d Organizations

Name INTERNET CORPORATION FOR ASSIGNED NAMES AND NUMBERS		Corporate Number C2121683
Number and Street 4676 ADMIRALTY WAY, NO. 330		Federal Identification Number 95-4712218
City or Town MARINA DEL REY	State CA	Zip Code 90292-6601

- I** (a) Have you participated or intervened in any political campaign on behalf of any elective public office candidate? If you have, attach a detailed activity description and copies of any published material relating to the activity.
- (b) Have you contributed funds to support or oppose any individual public office candidate or any organizations formed to support or oppose a public office candidate? If you have, attach a detailed activity description and a schedule including the name of the individual or organization you contributed to, the amount you paid, and date you paid them.
- II** (a) Have you attempted to influence any national, state, or local legislation or ballot measure? If you have, attach a detailed activities description, copies of any published materials relating to the activities and a schedule of expenditures. SEE ATTACHED STATEMENT 2-B
- III Public Charities – Election to make expenditures to influence legislation**
(a) Have you filed a federal election to make expenditures to influence legislation? If you have, furnish a copy of Form 5768 you filed with the IRS if you have not previously furnished it. This fulfills your need to file an election for state purposes.

Please Check (✓)	
YES	NO
	X
	X
X	
	X

NOTE: You cannot make this election if you are a church, an integrated auxiliary of a church, or a private foundation. State and federal law are the same with regard to this election, except state law does not provide for an excise tax on excess lobbying expenditures.

- (b) Organizations that elected to make expenditures to influence legislation must furnish the following financial information for the taxable year:
- Exempt Purpose Expenditures**
(The total amount you paid or incurred to accomplish the charitable, educational, religious, etc. purpose.)
 - Lobbying Expenditures**
(The total amount expended for the purpose of influencing legislation through communication with any member or employee of a legislative body or any government official or employee who may participate in the formation of legislation.)
 - Grass Roots Expenditures**
(The amount expended to influence any legislation through attempts to affect the opinions of the general public or any segment of it.)

	\$21,165,758
	\$ 240,000
	\$ 0

*Name and addresses of contributors redacted
due to confidentiality*

FORM 199

CASH CONTRIBUTIONS OF \$5000 OR MORE
INCLUDED ON PART I, LINE 3

STATEMENT 1

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
			5,000.
			5,000.
			5,000.
			5,000.
			5,139.
			6,000.
			6,000.
			7,100.
			9,000.
			10,000.
			10,000.
			10,000.
			10,000.
			10,000.

10,000.

10,000.

11,500.

20,000.

22,000.

25,872.

27,000.

30,000.

30,000.

31,000.

36,045.

37,232.

38,758.

40,000.

40,000.

40,010.

46,000.

80,000.

85,000.

85,000.

85,000.

85,500.

122,974.

144,999.

170,000.

190,187.

1,647,316.

FOOTNOTES

STATEMENT 2

STATEMENT 2-A: NOTE REGARDING COMPENSATION FOR DR. PAUL TWOMEY, PRESIDENT & CHIEF EXECUTIVE OFFICER:

IN FISCAL YEAR ENDING 30 JUNE 2007 ("FY07"), COMPENSATION AND BENEFITS WERE PROVIDED FOR DR. PAUL TWOMEY'S SERVICES THROUGH AGREEMENT WITH ARGO PACIFIC PTY LIMITED, AN AUSTRALIAN PROPRIETARY COMPANY (ARGO).

PURSUANT TO THE AGREEMENT ARGO WAS PAID \$219,345 ASSOCIATED WITH DR. TWOMEY'S EMPLOYEE BENEFITS, AND \$722,079 FOR TOTAL COMPENSATION RELATING TO DR. TWOMEY, INCLUDING: 1) TWO FOREIGN CURRENCY ADJUSTMENTS OF \$24,048 FOR PRIOR FISCAL YEARS, AND \$36,837 FOR FY07; AND 2) THREE BONUSES TOTALING \$209,719 FOR SERVICE DURING 2004, 2005, AND 2006. IN ADDITION, ADJUSTMENTS TO DR. TWOMEY'S BASE COMPENSATION STRUCTURE PAID TO ARGO WERE ALSO MADE DUE TO CURRENCY FLUCTUATIONS CAUSED BY THE DECLINING VALUE OF THE UNITED STATES DOLLAR, DURING THIS FISCAL PERIOD.

THE COMPENSATION AND BENEFITS PAYMENTS MADE TO ARGO FOR DR. TWOMEY'S SERVICES, WERE STRUCTURED AND APPROVED BY THE ICANN BOARD'S COMPENSATION COMMITTEE AND ICANN'S BOARD OF DIRECTORS.

STATEMENT 2-B: STATEMENT OF LOBBYING ACTIVITIES:

THE ORGANIZATION HIRED A GOVERNMENT AFFAIRS FIRM DURING THE YEAR ENDED JUNE 30, 2007. AS PART OF THE SERVICES PROVIDED, THE GOVERNMENT AFFAIRS FIRM INCURRED \$240,000 OF LOBBYING EXPENDITURES RELATING TO DIRECT LOBBYING WITH FEDERAL LEGISLATORS.

California Form 199 aggregates compensation, employer benefit plan contribution and expense accounts as compensation. Form 990 separates compensation, employee benefit plan contributions and expense accounts. Please reference beginning on page 28 of the Form 990 for further details.

FORM 199	OTHER INCOME	STATEMENT	3
DESCRIPTION		AMOUNT	
OTHER INCOME		152.	
DOMAIN NAME		37,070,363.	
ADDRESS REGISTRY		823,000.	
ACCREDITATION		3,596,996.	
APPLICATION		270,000.	
TOTAL TO FORM 199, PART II, LINE 7		41,760,511.	

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	4
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
RAIMUNDO BECA 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.	
VITTORIO BERTOLA 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	LIAISON 10.00	0.	
DOUGLAS R. BRENT 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	CHIEF OPERATING OFFICER 60.00	198,289.	
VINTON G. CERF 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	CHAIRMAN 10.00	0.	
SUSAN P. CRAWFORD 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.	
STEVE P. CROCKER 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	LIAISON 10.00	0.	

INTERNET CORPORATION FOR ASSIGNED NAMES

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DANIEL DARDAILLER 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	LIAISON 10.00	0.
ROBERTO GAETANO 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	VICE CHAIRMAN 10.00	0.
DEMI GETSCHKO 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.
STEVE GOLDSTEIN 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.
HAGEN HULTZSCH 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.
JOICHI ITO 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.
JOHN JEFFREY 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	GENERAL COUNSEL/CORPORATE 60.00	318,199.
JANIS KARKLINS 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	LIAISON 10.00	0.
MELANIE A. KELLER 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	FORMER CFO 60.00	260,078.
PAUL A. LEVINS 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	VP, CORPORATE AFFAIRS 60.00	259,023.

INTERNET CORPORATION FOR ASSIGNED NAMES

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VENI MARKOVSKI 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.
THOMAS NARTEN 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	LIAISON 10.00	0.
ALEJANDRO PISANTY 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.
KURT J. PRITZ 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	SENIOR VP, SERVICES 60.00	344,915.
HUALIN QIAN 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.
RAJASEKHAR RAMARAJ 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.
NJERI RIONGE 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.
RITA RODIN 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.
VANDA SCARTEZINI 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.
FRANCISCO A. JESUS SILVA 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	LIAISON 10.00	0.

INTERNET CORPORATION FOR ASSIGNED NAMES

95-4712218

MOHAMED SHARIL TARMIZI 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	LIAISON 10.00	0.
PETER DENGATE THRUSH 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.
BRUCE TONKIN 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.
(A) DR. PAUL TWOMEY (SEE STATEMENT 2-A) 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	PRESIDENT & CHIEF EXECUTIV 60.00	941,394.
KEVIN WILSON 4676 ADMIRALTY WAY #330, MARINA DEL REY, CA 90292	CHIEF FINANCIAL OFFICER 60.00	2,885.
DAVID WODELET 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	DIRECTOR 10.00	0.
SUZANNE WOOLF 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA 90292	LIAISON 10.00	0.
TOTAL TO FORM 199, PART II, LINE 11		<u>2,324,783.</u>

FORM 199	OTHER EXPENSES	STATEMENT	5
DESCRIPTION		AMOUNT	
BAD DEBT RECOVERY		-2,428,593.	
INSURANCE		164,837.	
COMPUTER CONSULTANTS		239,411.	
ADMISTRATION		166,149.	
OUTSIDE CONSULTANTS - INDEPENDENT CONTRACTORS		1,725,025.	
MEETING PLANNING		220,379.	
TRANSCRIPTION SERVICES		6,020.	
PROJECT MANAGEMENT		3,450,431.	
DIGITAL ARCHIVING		100.	

(A) See next page

STATEMENT(S) 4, 5

(A)In Fiscal Year ending 30 June 2007 (“FY07”), compensation and benefits were provided for DR. Paul Twomey’s services through agreement with Argo Pacific PTY Limited, an Australian proprietary company (ARGO).

Pursuant to the agreement ARGO was paid \$219,345 associated with Dr. Twomey’s employee benefits, and \$722,079 for total compensation relating to Dr. Twomey’s, including: 1) Two foreign currency adjustments of \$24,048 for prior fiscal years, and \$36,837 for FY07; and 2) Three bonuses totaling \$207,719 for service during 2004, 2005 and 2006. In addition, adjustments to Dr. Twomey’s base compensation structure paid to ARGO were also made due to currency fluctuations caused by the declining value of the United States Dollar, during this fiscal period.

The compensation and benefit payments made to ARGO for Dr. Twomey’s services were structured and approved by ICANN board’s compensation committee and ICANN’s board of directors.

INTERNET CORPORATION FOR ASSIGNED NAMES

95-4712218

TRANSLATION	152,101.
GOVERNMENTAL AFFAIRS	260,000.
PENSION PLAN CONTRIBUTIONS	967,033.
OTHER EMPLOYEE BENEFITS	1,588,576.
ACCOUNTING FEES	95,279.
LEGAL FEES	1,055,146.
SUPPLIES	838,766.
TELEPHONE	986,733.
POSTAGE AND SHIPPING	167,640.
PRINTING AND PUBLICATIONS	348,202.
TRAVEL	5,396,378.
CONFERENCES, CONVENTIONS AND MEETINGS	623,867.
TOTAL TO FORM 199, PART II, LINE 17	16,023,480.

FORM 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	221,000.	270,000.	
OTHER ASSETS	55,728.	97,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	276,728.	367,000.	

FORM 199	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED REVENUE	4,954,313.	7,444,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	4,954,313.	7,444,000.	

FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	8
DESCRIPTION		AMOUNT	
FINANCIAL STATEMENT ROUNDING		-149.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		-149.	

FORM 199	FUND BALANCES	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	18,381,149.	35,236,000.	
TEMPORARILY RESTRICTED ASSETS	24,994.	0.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	18,406,143.	35,236,000.	