

PUBLIC INSPECTION COPY

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

2011

Open to Public Inspection

Form 990

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 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012

B Check if applicable:

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: INTERNET CORP FOR ASSIGNED NAMES & NUMBERS
 Doing Business As: _____
 Number and street (or P.O. box if mail is not delivered to street address): 12025 WATERFRONT DRIVE
 Room/suite: 300
 City or town, state or country, and ZIP + 4: LOS ANGELES, CA 90094-2536

D Employer identification number: 95-4712218

E Telephone number: (310) 301-5800

F Name and address of principal officer: FADI CHEHADE
 12025 WATERFRONT DR., STE 300 LOS ANGELES, CA 90094

G Gross receipts \$: 125,176,730.

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.ICANN.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1998 **M** State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	SEE SCHEDULE O.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14.
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	123.
	6	Total number of volunteers (estimate if necessary)	6	26.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,990,805.	2,621,270.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	67,302,790.	69,791,646.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,725,747.	-2,265,636.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	72,019,342.	70,147,280.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	467,624.	575,847.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	25,133,945.	27,780,280.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	35,693,680.	41,220,664.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	61,295,249.	69,576,791.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	10,724,093.	570,489.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	99,820,354.	466,375,671.
	22	Net assets or fund balances. Subtract line 21 from line 20	19,670,456.	382,783,826.

Part II Signature Block

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

Sign Here

Signature of officer: *FADI CHEHADE* Date: 11/15/13

Type or print name and title: FADI CHEHADE, CFO

Paid Preparer Use Only

Print/Type preparer's name: DEBRA HEISKALA
 Preparer's signature: *Debra Heiskala*
 Date: 05/14/2013
 Check if self-employed
 PTIN: P00649485

Firm's name: ERNST & YOUNG U.S. LLP
 Firm's EIN: 34-656596
 Firm's address: 4370 LA JOLLA VILLAGE DR., STE 500 SAN DIEGO, CA 92122
 Phone no.: 858-535-7200

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 50,232,245. including grants of \$ 575,847.) (Revenue \$ 69,791,646.)

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 ▶ 50,232,245.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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 to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions 1a, 1b, 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 questions 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, physical address, and telephone number of the person who possesses the books and records of the organization: XAVIER CALVEZ 12025 WATERFRONT DRIVE, SUITE 300 LOS ANGELES, CA 90094-2536 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 to any question in this Part VII

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 (describe hours for related organizations in Schedule O)	(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) STEVE CROCKER DIRECTOR	12.00	X					38,654.	0	0	
(2) RAJASEKHAR RAMARAJ DIRECTOR	12.00	X					0	0	0	
(3) BRUCE TONKIN DIRECTOR	12.00	X					0	0	0	
(4) RAYMOND A. PLZAK DIRECTOR	12.00	X					0	0	0	
(5) MIKE SILBER DIRECTOR	12.00	X					0	0	0	
(6) GEORGE SADOWSKY DIRECTOR	12.00	X					0	0	0	
(7) GONZALO NAVARRO DIRECTOR	12.00	X					0	0	0	
(8) KUO-WEI WU DIRECTOR	12.00	X					0	0	0	
(9) CHERINE CHALABY DIRECTOR	12.00	X					0	0	0	
(10) BERTRAND DE LA CHAPELLE DIRECTOR	12.00	X					0	0	0	
(11) SEBASTIEN BACHOLLET DIRECTOR	12.00	X					0	0	0	
(12) ERIKA MANN DIRECTOR	12.00	X					0	0	0	
(13) BILL GRAHAM DIRECTOR	12.00	X					0	0	0	
(14) CHRIS DISSPAIN DIRECTOR	12.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) JUDITH VAZQUEZ DIRECTOR	12.00	X					0	0	0	
(16) KATIM TOURAY DIRECTOR (OCT 2011)	12.00	X					0	0	0	
(17) REINHARD SCHOLL DIRECTOR (OCT 2011)	12.00	X					0	0	0	
(18) ROD BECKSTROM DIRECTOR/PRESIDENT & CEO	60.00	X		X			903,500.	0	58,172.	
(19) AKRAM ATALLAH CHIEF OPERATING OFFICER	60.00			X			441,373.	0	54,298.	
(20) JOHN JEFFREY GENERAL COUNSEL	60.00			X			391,324.	0	35,664.	
(21) KURT PRITZ SENIOR VP, SERVICES	60.00			X			366,987.	0	54,693.	
(22) XAVIER CALVEZ CHIEF FINANCIAL OFFICER	60.00			X			78,686.	0	29,157.	
(23) STEVE ANTONOFF DIRECTOR HUMAN RESOURCES	60.00				X		196,603.	0	39,911.	
(24) BARBARA CLAY VP COMMUNICATIONS	60.00				X		289,984.	0	41,911.	
(25) ELISE GERICH VP IANA & TECHNICAL OPERATIONS	60.00				X		250,759.	0	49,830.	
1b Sub-total							38,654.	0	0	
c Total from continuation sheets to Part VII, Section A							5,667,627.	0	913,123.	
d Total (add lines 1b and 1c)							5,706,281.	0	913,123.	

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 **▶** 83

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <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
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 **▶** 66

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) DANIEL HALLORAN DEPUTY GENERAL COUNSEL	60.00				X			237,648.	0	52,038.
(27) JAMES HEDLUND VP GOVERNMENT AFFAIRS	60.00				X			323,981.	0	39,476.
(28) DAVID OLIVE VP, POLICY DEVELOPMENT	60.00				X			302,752.	0	57,353.
(29) MICHAEL SALAZAR DIRECTOR, NEW GTLD PROGRAM	60.00				X			262,230.	0	54,627.
(30) AMY STATHOS DEPUTY GENERAL COUNSEL	60.00				X			263,710.	0	36,877.
(31) ELIZABETH GASSTER SR DIR GNSO POLICY DEV. SUPT.	60.00					X		252,955.	0	69,299.
(32) DENISE MICHEL ADVISOR TO THE CEO	60.00					X		270,314.	0	59,335.
(33) MARGARET MILAM SENIOR POLICY COUNSELOR	60.00					X		232,873.	0	55,169.
(34) OLOF NORDLING DIRECTOR, DNS ENGAGEMENT-EUR	60.00					X		262,267.	0	66,301.
(35) TIMOTHY COLE SR DIR., REGISTRAR RELATIONS	60.00					X		215,887.	0	49,865.
(36) KEVIN WILSON FORMER CHIEF FINANCIAL OFFICER	60.00						X	123,794.	0	9,147.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 83

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <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 VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	2,621,270.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			2,621,270.			
Program Service Revenue		Business Code					
	2a DOMAIN NAME REGISTRY AND REGISTRAR FEES		900099	64,195,238.	64,195,238.		
	b ACCREDITATION FEES		900099	4,061,333.	4,061,333.		
	c SPONSORSHIPS		900099	1,287,575.	1,287,575.		
	d APPLICATION FEES		900099	247,500.	247,500.		
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			69,791,646.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			551,635.			551,635.
	4 Income from investment of tax-exempt bond proceeds . . .			0			
	5 Royalties			0			
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			0			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory			52,212,179.			
	b Less: cost or other basis and sales expenses			55,029,450.			
	c Gain or (loss)			-2,817,271.			
	d Net gain or (loss)			-2,817,271.			-2,817,271.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue			Business Code				
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			0				
12 Total revenue. See instructions			70,147,280.	69,791,646.		-2,265,636.	

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	575,847.	575,847.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	7,102,145.	5,373,981.	1,728,164.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	135,469.	102,550.	32,919.	
7 Other salaries and wages	15,971,006.	12,084,875.	3,886,131.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,777,468.	1,344,965.	432,503.	
9 Other employee benefits	1,549,282.	1,039,788.	509,494.	
10 Payroll taxes	1,244,910.	941,993.	302,917.	
11 Fees for services (non-employees):				
a Management	0			
b Legal	3,376,576.	2,266,158.	1,110,418.	
c Accounting	193,871.		193,871.	
d Lobbying	536,318.	536,318.		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	181,328.		181,328.	
g Other	16,201,813.	10,873,700.	5,328,113.	
12 Advertising and promotion	18,956.	12,722.	6,234.	
13 Office expenses	298,718.	200,482.	98,236.	
14 Information technology	3,982,171.	2,672,598.	1,309,573.	
15 Royalties	0			
16 Occupancy	2,397,844.	1,609,291.	788,553.	
17 Travel	7,736,040.	5,191,973.	2,544,067.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	3,343,693.	3,343,693.		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,868,353.	1,253,928.	614,425.	
23 Insurance	290,419.	194,912.	95,507.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING -----	174,504.	116,918.	57,586.	
b BAD DEBT -----	172,627.	115,660.	56,967.	
c DUES AND SUBSCRIPTIONS -----	161,130.	107,957.	53,173.	
d STAFF TRAINING -----	160,280.	160,280.		
e All other expenses -----	126,023.	111,656.	14,367.	
25 Total functional expenses. Add lines 1 through 24e	69,576,791.	50,232,245.	19,344,546.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,793,891.	1	378,123,655.
	2 Savings and temporary cash investments	20,281,685.	2	4,894,288.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	15,068,326.	4	17,880,747.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 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)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	208,230.	9	3,287,533.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,726,606.		
	b Less: accumulated depreciation	10b 5,939,642.	3,650,608.	10c 5,786,964.
	11 Investments - publicly traded securities	51,715,883.	11	53,034,940.
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	101,731.	15	3,367,544.
16 Total assets. Add lines 1 through 15 (must equal line 34)	99,820,354.	16	466,375,671.	
Liabilities	17 Accounts payable and accrued expenses	8,195,282.	17	12,851,323.
	18 Grants payable	0	18	0
	19 Deferred revenue	11,475,174.	19	369,932,503.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	19,670,456.	26	382,783,826.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	80,149,898.	27	83,591,845.
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	80,149,898.	33	83,591,845.	
34 Total liabilities and net assets/fund balances	99,820,354.	34	466,375,671.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	70,147,280.
2	Total expenses (must equal Part IX, column (A), line 25)	2	69,576,791.
3	Revenue less expenses. Subtract line 2 from line 1	3	570,489.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	80,149,898.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,871,458.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	83,591,845.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		X
3b	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		

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. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization INTERNET CORP FOR ASSIGNED NAMES & NUMBERS	Employer identification number 95-4712218
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

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

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) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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 (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 11 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 2011 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2010 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2011; b 33 1/3% support test - 2010; 17a 10%-facts-and-circumstances test - 2011; b 10%-facts-and-circumstances test - 2010; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,583,406.	1,567,752.	1,666,781.	1,990,805.	2,621,270.	9,430,014.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	48,791,338.	58,675,378.	64,096,971.	67,302,790.	69,791,646.	308,658,123.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	50,374,744.	60,243,130.	65,763,752.	69,293,595.	72,412,916.	318,088,137.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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	26,985,551.	31,350,698.	37,586,921.	40,172,642.	43,321,965.	179,417,777.
c Add lines 7a and 7b.	26,985,551.	31,350,698.	37,586,921.	40,172,642.	43,321,965.	179,417,777.
8 Public support (Subtract line 7c from line 6.)						138,670,360.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.	50,374,744.	60,243,130.	65,763,752.	69,293,595.	72,412,916.	318,088,137.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,171,468.	2,456,325.	2,454,129.	2,260,733.	86,500.	8,429,155.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,171,468.	2,456,325.	2,454,129.	2,260,733.	86,500.	8,429,155.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	499.					499.
13 Total support. (Add lines 9, 10c, 11, and 12.)	51,546,711.	62,699,455.	68,217,881.	71,554,328.	72,499,416.	326,517,791.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	42.47%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	44.32%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	2.58%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	2.94%

- 19a 33 1/3% support tests - 2011.** 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 - 2010.** 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

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

2011

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

Name of organization INTERNET CORP FOR ASSIGNED NAMES & NUMBERS	Employer identification number 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	----- ----- -----	\$ 309,523.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 85,000.	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 CORP FOR ASSIGNED NAMES & NUMBERS	Employer identification number 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	----- ----- -----	\$ ----- 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ ----- 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ ----- 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ ----- 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ ----- 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ ----- 50,000.	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 CORP FOR ASSIGNED NAMES & NUMBERS	Employer identification number 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	----- ----- -----	\$ ----- 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	----- ----- -----	\$ ----- 44,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	----- ----- -----	\$ ----- 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	----- ----- -----	\$ ----- 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	----- ----- -----	\$ ----- 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	----- ----- -----	\$ ----- 30,000.	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 CORP FOR ASSIGNED NAMES & NUMBERS	Employer identification number 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	----- ----- -----	\$ ----- 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	----- ----- -----	\$ ----- 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	----- ----- -----	\$ ----- 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	----- ----- -----	\$ ----- 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	----- ----- -----	\$ ----- 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 CORP FOR ASSIGNED NAMES & NUMBERS	Employer identification number 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	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	----- ----- -----	\$ ----- 17,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	----- ----- -----	\$ ----- 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	----- ----- -----	\$ ----- 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	----- ----- -----	\$ ----- 12,936.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	----- ----- -----	\$ ----- 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 CORP FOR ASSIGNED NAMES & NUMBERS	Employer identification number 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	----- ----- -----	\$ ----- 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	----- ----- -----	\$ ----- 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	----- ----- -----	\$ ----- 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	----- ----- -----	\$ ----- 5,000.	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 CORP FOR ASSIGNED NAMES & NUMBERS	Employer identification number 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	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	----- ----- -----	\$ ----- 5,000.	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 CORP FOR ASSIGNED NAMES & NUMBERS	Employer identification number 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
43	----- ----- -----	\$ 823,000.	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.)
	----- ----- -----	\$ -----	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.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number

95-4712218

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

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

Name of organization INTERNET CORP FOR ASSIGNED NAMES & NUMBERS	Employer identification number 95-4712218
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Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f 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: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%; 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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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 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 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

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING EXPENDITURES

SCHEDULE C, PART II-B

THE ORGANIZATION UTILIZED THE SERVICES OF TWO GOVERNMENT AFFAIRS FIRMS DURING THE YEAR ENDED JUNE 30, 2012. AS PART OF THE SERVICES PROVIDED, THE GOVERNMENT AFFAIRS FIRMS INCURRED \$536,318 OF LOBBYING EXPENDITURES.

FURTHER, TEN PERCENT OF JAMES HEDLUND'S TIME WAS ATTRIBUTED TO LOBBYING ACTIVITIES AS REPORTED ON FORM LD1. AMOUNTS REPORTED ON LD1 ARE NOT INCLUDED ON SCHEDULE C PART II-B, BUT ARE INCLUDED ON FORM 990, PART IX, LINE 5.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

95-4712218

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees...

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIV, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

Schedule D (Form 990) 2011

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 XIV.

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?

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

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

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	70,147,280.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	69,576,791.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	570,489.
4	Net unrealized gains (losses) on investments	4	3,671,191.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-799,680.
9	Total adjustments (net). Add lines 4 through 8	9	2,871,511.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,442,000.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	73,819,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,671,191.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	529.
e	Add lines 2a through 2d	2e	3,671,720.
3	Subtract line 2e from line 1	3	70,147,280.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	70,147,280.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	70,377,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	800,209.
e	Add lines 2a through 2d	2e	800,209.
3	Subtract line 2e from line 1	3	69,576,791.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	69,576,791.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

ASC 740-10 FOOTNOTE

SCHEDULE D, PART X, LINE 2

ICANN, UNDER THE PROVISIONS OF ASC 740, INCOME TAXES, HAD NO UNCERTAIN
TAX POSITIONS REQUIRING ACCRUAL AS OF JUNE 30, 2012 AND 2011

RECONCILIATION OF CHANGE IN NET ASSETS FROM FORM 990 TO AFS

SCHEDULE D, PART XI, LINE 8

\$ (800,209) - UNREALIZED GAIN/LOSS ON FOREIGN EXCHANGE

\$ 529 - ROUNDING

\$ (799,680) - TOTAL

RECONCILIATION OF REVENUE PER AFS WITH REVENUE PER RETURN

SCHEDULE D, PART XII, LINE 2D

\$529 - ROUNDING

RECONCILIATION OF EXPENSES PER AFS WITH EXPENSES PER RETURN

SCHEDULE D, PART XIII, LINE 2E

\$800,209 - UNREALIZED GAIN/LOSS ON FOREIGN EXCHANGE

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

Employer identification number

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

95-4712218

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN		138.	PROGRAM SERVICES	SEE FORM 990 PART III	3,065,192.
(2) EAST ASIA AND THE PACIFIC	1.	19.	PROGRAM SERVICES	SEE FORM 990 PART III	2,786,317.
(3) EUROPE	1.	150.	PROGRAM SERVICES	SEE FORM 990 PART III	7,183,489.
(4) MIDDLE EAST AND NORTH AFRICA		5.	PROGRAM SERVICES	SEE FORM 990 PART III	361,265.
(5) NORTH AMERICA		19.	PROGRAM SERVICES	SEE FORM 990 PART III	981,262.
(6) RUSSIA/INDEPENDENT STATES		4.	PROGRAM SERVICES	SEE FORM 990 PART III	44,804.
(7) SOUTH AMERICA		9.	PROGRAM SERVICES	SEE FORM 990 PART III	224,421.
(8) SOUTH ASIA		7.	PROGRAM SERVICES	SEE FORM 990 PART III	51,162.
(9) SUB-SAHARAN AFRICA		135.	PROGRAM SERVICES	SEE FORM 990 PART III	3,561,166.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	2.	150.			18,259,078.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2.	150.			18,259,078.

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

Schedule F (Form 990) 2011

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	CONGO MEETIN SPONSORSHIP	5,361.	WIRE/CASH			
(2)			EUROPE/ICELAND/GREENLAND	SPONSORSHIPS	56,842.	WIRE/CASH			
(3)			SUB-SAHARAN AFRICA	IETF 84 SPONSORSHIP	10,000.	WIRE/CASH			
(4)			SOUTH AMERICA	2011 LACNOG SPONSORSHIP	7,000.	WIRE/CASH			
(5)			SUB-SAHARAN AFRICA	AFRICA FORUM SPONSORSHIP	7,500.	WIRE/CASH			
(6)			SOUTH AMERICA	LACTLD WORKS SPONSORSHIP	6,000.	WIRE/CASH			
(7)			SUB-SAHARAN AFRICA	AFRICA DIGI. SPONSORSHIP	10,000.	WIRE/CASH			
(8)			CENT. AMERICA/CARIBBEAN	LATIN AMERIC SPONSORSHIP	7,500.	WIRE/CASH			
(9)			MIDDLE EAST/NORTH AFRICA	GITEX TECH WEEK SPONSOR	6,991.	WIRE/CASH			
(10)			EUROPE/ICELAND/GREENLAND	DNS MEETING SPONSORSHIP	24,368.	WIRE/CASH			
(11)			SUB-SAHARAN AFRICA	IGF PROJECT SPONSORSHIP	103,870.	WIRE/CASH			
(12)			EUROPE/ICELAND/GREENLAND	IISI GARMISH SPONSORSHIP	10,000.	WIRE/CASH			
(13)			EUROPE/ICELAND/GREENLAND	EURODIG CONF SPONSORSHIP	6,280.	WIRE/CASH			
(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. 13.

3 Enter total number of other organizations or entities 13.

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FELLOWSHIP PROGRAM	EUROPE/ICELAND/GREENLAND	11.	4,800.	WIRE/CASH	25,389.	AIRFARE/LODG	ACTUAL EXP.
(2) FELLOWSHIP PROGRAM	EAST ASIA/PACIFIC	5.	2,200.	WIRE/CASH	29,495.	AIRFARE/LODG	ACTUAL EXP.
(3) FELLOWSHIP PROGRAM	MIDDLE EAST/NORTH AFRICA	6.	2,800.	WIRE/CASH	19,508.	AIRFARE/LODG	ACTUAL EXP.
(4) FELLOWSHIP PROGRAM	CENT. AMERICA/CARIBBEAN	10.	4,800.	WIRE/CASH	35,250.	AIRFARE/LODG	ACTUAL EXP.
(5) FELLOWSHIP PROGRAM	SOUTH AMERICA	12.	5,200.	WIRE/CASH	34,321.	AIRFARE/LODG	ACTUAL EXP.
(6) FELLOWSHIP PROGRAM	SOUTH ASIA	7.	3,400.	WIRE/CASH	24,041.	AIRFARE/LODG	ACTUAL EXP.
(7) FELLOWSHIP PROGRAM	SUB-SAHARAN AFRICA	23.	10,700.	WIRE/CASH	74,272.	AIRFARE/LODG	ACTUAL EXP.
(8) FELLOWSHIP PROGRAM	RUSSIA	4.	1,400.	WIRE/CASH	8,170.	AIRFARE/LODG	ACTUAL EXP.
(9)							
(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 file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

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

ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US
SCHEDULE F, PART I, LINE 2

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

FELLOWSHIPS ARE AWARDED BY AN INDEPENDENT SELECTION COMMITTEE BASED ON A
MIX OF CRITERIA INCLUDING APPLICANT EXPERIENCE AND REFERENCES, GEOGRAPHIC
PROXIMITY TO MEETING, RECEIPT OF PAST FELLOWSHIPS, ETC. ICANN STAFF AND
THE SELECTION COMMITTEE HAVE MAINTAINED A RULE THAT INDIVIDUALS MAY NOT
RECEIVE THIS GRANT OF SUPPORT MORE THAN THREE TIMES.

FOR EACH PUBLIC MEETING THAT INCORPORATES THE FELLOWSHIP PROGRAM, A LIST
OF SELECTED FELLOWS TO ATTEND THE UPCOMING MEETING IS POSTED ON THE ICANN
WEBSITE PRIOR TO THE MEETING.

SUBSEQUENT TO THE PUBLIC MEETING, A LIST OF FELLOWS WHO ATTENDED THE
MEETING IS POSTED ON THE ICANN WEBSITE.

Part V Supplemental Information

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

TRAVEL AND HOTEL COSTS ASSOCIATED FOR FELLOWS PRE-SELECTED TO ATTEND THE PUBLIC MEETING ARE BOOKED AND PAID FOR DIRECTLY BY ICANN.

ALL FELLOWS ARE ELIGIBLE TO RECEIVE A FLAT STIPEND NOT TO EXCEED U.S. \$500.00. STIPENDS 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, 2012, ICANN PAID \$285,746 TO ALLOW SEVENTY-EIGHT (78) FELLOWSHIP PARTICIPANTS TO ATTEND THREE 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 II, STATEMENT OF FUNCTIONAL EXPENSES.

FOR OTHER CONTRIBUTIONS, ICANN GLOBAL PARTNERSHIPS STAFF (NOW STAKEHOLDER ENGAGEMENT STAFF) DEVELOP REQUESTS BASED UPON ICANN'S STRATEGIC PLAN AND ICANN'S OPERATING PLAN. SPECIFIC NEEDS WITHIN SPECIFIC REGIONS OF THE WORLD ARE CONSIDERED. ICANN EXECUTIVES REVIEW THE LIST OF SUGGESTED

Part V Supplemental Information

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

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.

SUPPLEMENTAL INFORMATION

SCHEDULE F, PART I, LINE 3

THE INTERNATIONAL OFFICES INCLUDED ON PART I, LINE 3(B) OF SCHEDULE F, ARE THE SYDNEY, AUSTRALIA AND BRUSSELS, BELGIUM ICANN OFFICES. THE NUMBER OF PEOPLE IN EACH REGION SHOWN IN PART I LINE 3(C) OF SCHEDULE F INCLUDES THOSE EMPLOYEES, AGENTS, AND INDEPENDENT CONTRACTORS ("STAFF") WORKING FOR ICANN IN EACH REGION AND THE NUMBER OF STAFF ATTENDING DAKAR, SENEGAL (135), SAN JOSE, COSTA RICA (138), AND PRAGUE, CZECH REPUBLIC (150) INTERNATIONAL MEETINGS DURING FISCAL YEAR 2012. IN ADDITION, AN ESTIMATE OF THOSE OFFICERS AND OTHER EXECUTIVES WHO VISITED EACH REGION WAS INCLUDED.

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

- A. THE AMOUNTS PAID (FOR COMPENSATION, TRAVEL REIMBURSEMENT, AND OTHER COSTS AND EXPENSES) FROM THE US ACCOUNTS PAYABLE DEPARTMENT APPLICABLE TO THE REGION;
- B. ALL COSTS ASSOCIATED WITH THE THREE ANNUAL PUBLIC MEETINGS (I.E. DAKAR, SENEGAL, SAN JOSE, COSTA RICA, AND PRAGUE, CZECH REPUBLIC FOR FISCAL YEAR 2012);

Part V Supplemental Information

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

C. AMOUNTS EXPENDED TO FUND THE SYDNEY, AUSTRALIA AND BRUSSELS, BELGIUM

BRANCH OFFICES AND PERSONNEL COSTS INCLUDING OFFICE EXPENSES, TRAVEL

RELATED AND OTHER EXPENSES PAID BY THE US ACCOUNTS PAYABLE DEPARTMENT;

D. ALL PAYMENTS MADE TO INTERNATIONAL BASED EMPLOYEES AND CONTRACTORS

WERE RECORDED IN US DOLLARS.

E. ESTIMATES OF TRAVEL COSTS ASSOCIATED WITH THOSE EXECUTIVES WHO TRAVEL

FREQUENTLY WERE MADE AND THOSE ESTIMATED COSTS WERE ALLOCATED BY REGION.

ESTIMATE WAS BASED ON ACTUAL BOOKED FLIGHTS EXCLUDING AMOUNTS OTHERWISE

INCLUDED IN THE ACCOUNTING OF THE THREE PUBLIC MEETINGS IN DAKAR,

SENEGAL, SAN JOSE, COSTA RICA, AND PRAGUE, CZECH REPUBLIC.

F. NOTE THAT PROFESSIONAL SERVICE PROVIDERS AND OTHER COMPARABLE VENDORS

ARE NOT TREATED AS AGENTS FOR THIS PURPOSE.

STATEMENT OF ACTIVITIES OUTSIDE THE UNITED STATES

SCHEDULE F, PART I, LINE 3

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

THE ACTIVITIES PER REGION IN LINE 3 REPRESENT THE NUMBER OF REGIONS

TRAVELLED TO BY EACH PERSON, WHICH MAY BE MORE THAN ONE REGION PER

PERSON.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number

95-4712218

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2011

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROD BECKSTROM	(i) 747,500.	(ii) 156,000.	(iii) 0	31,324.	26,848.	961,672.	0
(ii) 0			0	0	0	0	0
2 AKRAM ATALLAH	(i) 366,300.	(ii) 75,073.	(iii) 0	28,750.	25,548.	495,671.	0
(ii) 0			0	0	0	0	0
3 JOHN JEFFREY	(i) 312,771.	(ii) 78,553.	(iii) 0	11,316.	24,348.	426,988.	0
(ii) 0			0	0	0	0	0
4 KURT PRITZ	(i) 307,577.	(ii) 59,410.	(iii) 0	30,345.	24,348.	421,680.	0
(ii) 0			0	0	0	0	0
5 STEVE ANTONOFF	(i) 167,134.	(ii) 29,469.	(iii) 0	20,293.	19,618.	236,514.	0
(ii) 0			0	0	0	0	0
6 BARBARA CLAY	(i) 228,388.	(ii) 61,596.	(iii) 0	33,000.	8,911.	331,895.	0
(ii) 0			0	0	0	0	0
7 ELISE GERICH	(i) 196,333.	(ii) 54,426.	(iii) 0	32,500.	17,330.	300,589.	0
(ii) 0			0	0	0	0	0
8 DANIEL HALLORAN	(i) 201,083.	(ii) 36,565.	(iii) 0	27,690.	24,348.	289,686.	0
(ii) 0			0	0	0	0	0
9 JAMES HEDLUND	(i) 256,792.	(ii) 67,189.	(iii) 0	12,873.	26,603.	363,457.	0
(ii) 0			0	0	0	0	0
10 DAVID OLIVE	(i) 237,500.	(ii) 65,252.	(iii) 0	33,250.	24,103.	360,105.	0
(ii) 0			0	0	0	0	0
11 MICHAEL SALAZAR	(i) 222,604.	(ii) 39,626.	(iii) 0	30,279.	24,348.	316,857.	0
(ii) 0			0	0	0	0	0
12 AMY STATHOS	(i) 222,508.	(ii) 41,202.	(iii) 0	27,966.	8,911.	300,587.	0
(ii) 0			0	0	0	0	0
13 ELIZABETH GASSTER	(i) 212,500.	(ii) 40,455.	(iii) 0	45,997.	23,302.	322,254.	0
(ii) 0			0	0	0	0	0
14 DENISE MICHEL	(i) 211,042.	(ii) 59,272.	(iii) 0	32,487.	26,848.	329,649.	0
(ii) 0			0	0	0	0	0
15 MARGARET MILAM	(i) 195,258.	(ii) 37,615.	(iii) 0	28,571.	26,598.	288,042.	0
(ii) 0			0	0	0	0	0
16 OLOF NORDLING	(i) 247,745.	(ii) 14,522.	(iii) 0	30,393.	35,908.	328,568.	0
(ii) 0			0	0	0	0	0

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

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

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

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	TIMOTHY COLE	184,100.	31,787.	0	41,128.	8,737.	265,752.	0
2	KEVIN WILSON	7,054.	13,146.	103,594.	7,884.	1,263.	132,941.	0
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Part III Supplemental Information

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

SUPPLEMENTAL COMPENSATION INFORMATION

AMOUNTS LISTED IN PART VII OF FORM 990 AND SCHEDULE J REPRESENT AMOUNTS FOR THE 2011 CALENDAR YEAR.

BENEFIT OPTIONS ARE THE SAME FOR ALL EMPLOYEES.

SCHEDULE J, PART I, LINE 1A

NO HOUSING ALLOWANCES WERE PROVIDED DURING CALENDAR 2011.

COMPANION TRAVEL:

ICANN'S TRAVEL GUIDELINES DO NOT PERMIT SPOUSAL OR FAMILY TRAVEL.

FIRST CLASS TRAVEL:

IN THE CASES WHERE FIRST CLASS TRAVEL WAS BOOKED, IT WAS IDENTIFIED AS THE LOWEST FARE AVAILABLE AT THE TIME THE TRAVEL WAS REQUIRED, WAS DUE TO A MEDICAL CONDITION, OR WAS PERMITTED UNDER ICANN'S TRAVEL POLICY WHERE THE SELECTION OF BUSINESS CLASS WAS ALLOWED, BUT WAS AUTOMATICALLY CHANGED TO FIRST CLASS BY THE AIRLINE ON A TWO-CLASS PLANE.

Part III Supplemental Information

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

THESE AMOUNTS WERE FOR BUSINESS PURPOSES AND WERE NOT REPORTED AS INCOME ON THE EMPLOYEES' W-2S.

SCHEDULE J, PART I, LINE 7

REGARDING BONUS:

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

[HTTP://WWW.ICANN.ORG/EN/ABOUT/FINANCIALS/REMUNERATION-PRACTICES-FY13-15SEP](http://www.icann.org/en/about/financials/remuneration-practices-fy13-15sep)

12-EN.PDF

SCHEDULE J, PART II

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

Part III Supplemental Information

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

ICANN HAS EMPLOYEES 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.

NOTABLY, BELGIUM, WHERE ICANN HAS FOUR EMPLOYEES AS OF 31 DECEMBER 2011, REPRESENTS QUITE A DIFFERENT EMPLOYMENT MARKET THAN THAT IN THE U.S. BASE COMPENSATION RATES IN BELGIUM ARE HIGHER DUE TO DIFFERENCES IN TAX RATES AND OTHER FACTORS SUCH AS MEDICAL PROGRAMS. IN ADDITION, EXCHANGE RATE FLUCTUATIONS ALSO AFFECT THE U.S. DOLLAR EQUIVALENCE OF THE BELGIUM STAFF. THEREFORE, THE U.S. DOLLAR DOMINATED COMPENSATION OF ICANN'S BELGIUM BASED STAFF IS HIGHER THAN THEIR U.S. BASED COUNTERPARTS.

SCHEDULE J, PART II, COLUMN C

DURING THE YEAR IT WAS DETERMINED THAT THE ORGANIZATION UNDER-REPORTED A SMALL PORTION OF THE DEFERRED COMPENSATION FOR THOSE EMPLOYEES LISTED ON SCHEDULE J, PART II, COLUMN (C). THE CONTRIBUTION THAT WAS NOT REPORTED WAS THE DEFERRED COMPENSATION THAT THE ORGANIZATION MAKES FOR ALL

Part III Supplemental Information

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

ELIGIBLE EMPLOYEES. THIS IS EQUAL TO 5% OF THE EMPLOYEE'S ELIGIBLE COMPENSATION, AS DEFINED BY THE 401(K) PLAN, AND SUBJECT TO MAXIMUM LIMITS. THIS WAS ONLY A REPORTING ISSUE IN THE 990; THIS AMOUNT HAS BEEN DOCUMENTED ELSEWHERE AS DEFERRED COMPENSATION, AS IT IS INTENDED.

FOLLOWING IS THE SUMMARY OF THE AMOUNT BY WHICH THE CONTRIBUTIONS WERE UNDER-REPORTED ON THE FORM 990, RESPECTIVELY, FOR THE YEARS ENDED 6/30/2009, 6/30/2010 AND 6/30/2011.

FORM 990 FOR THE FISCAL YEAR ENDING 30 JUNE 2009,
COMPENSATION FOR THE CALENDAR YEAR ENDING 31 DECEMBER 2008

DEFERRED COMPENSATION

NAME AMOUNT UNDER-REPORTED

DOUGLAS BRENT - 1,824

JOHN JEFFREY - (479)

PAUL LEVINS - 2,364

KURT PRITZ - 4,593

KEVIN WILSON - (0)

Part III Supplemental Information

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

STEVE ANTONOFF - 651

DAVID CONRAD - 1,875

DENISE MICHEL - 1,396

AMY STATHOS - 1,217

THERESA SWINEHART - 506

ELIZABETH GASSER - 929

DANIEL HALLORAN - 1,000

JOHN CRAIN - 989

FORM 990 FOR THE FISCAL YEAR ENDING 30 JUNE 2010,

COMPENSATION FOR THE CALENDAR YEAR ENDING 31 DECEMBER 2009

DEFERRED COMPENSATION

NAME AMOUNT UNDER-REPORTED

ROD BECKSTROM - 14,063

DOUGLAS BRENT - 13,438

JOHN JEFFREY - 12,250

PAUL LEVINS - 13,756

KURT PRITZ - 11,409

Part III Supplemental Information

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

KEVIN WILSON - 3,855

STEVE ANTONOFF - 6,669

DAVID CONRAD - 12,250

DENISE MICHEL - 9,750

AMY STATHOS - 11,551

THERESA SWINEHART - 10,375

ELIZABETH GASSTER - 4,010

MARGARET MILAM - 8,259

FORM 990 FOR THE FISCAL YEAR ENDING 30 JUNE 2011,
COMPENSATION FOR THE CALENDAR YEAR ENDING 31 DECEMBER 2010

DEFERRED COMPENSATION

NAME AMOUNT UNDER-REPORTED

STEVE ANTONOFF - 9,074

AKRAM ATALLAH - 1,397

ROD BECKSTROM - 12,250

DOUG BRENT - 12,106

BARBARA CLAY - 9,227

Part III Supplemental Information

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

DAVID CONRAD - 7,515

TINA DAM - 5,820

ELIZABETH GASSER - 6,088

ELISE GERICH - 7,753

DANIEL HALLORAN - 10,346

JAMES HEDLUND - 12,250

JOHN JEFFREY - 12,250

DENISE MICHEL - 32,548

MARGARET MILAM - 10,581

DAVID OLIVE - 6,571

KURT PRITZ - 11,333

MICHAEL SALAZAR - 11,938

AMY STATHOS - 11,656

THERESA SWINEHART - 1,600

KEVIN WILSON - 5,079

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number

95-4712218

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

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

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

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

1	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
		(1)									
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MELBOURNE IT	BRUCE TONKIN - DIRECTOR	732,408.	SEE PART V		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

BUSINESS TRANSACTIONS WITH RELATED PERSONS

SCHEDULE L, PART IV

1. DR. BRUCE TONKIN IS A VOTING MEMBER OF THE BOARD OF DIRECTORS. DR. TONKIN IS ALSO CHIEF STRATEGY OFFICER OF MELBOURNE IT, AN ICANN ACCREDITED REGISTRAR. REVENUE FROM MELBOURNE IT AMOUNTED TO \$732,408 AND \$766,416 FOR THE YEARS ENDED JUNE 30, 2012 AND 2011, RESPECTIVELY, UNDER THE FEE STRUCTURE OF THE STANDARD REGISTRAR ACCREDITATION AGREEMENT. TO AVOID ANY CONFLICT OF INTEREST BETWEEN ICANN AND MELBOURNE IT, DR. TONKIN ABSTAINS FROM VOTING ON ALL MATTERS HE IDENTIFIES AS POTENTIAL CONFLICTS OF INTEREST WHICH COME BEFORE THE BOARD.

IN ADDITION TO THE SPECIFIC DISCLOSURES ABOVE, ICANN MAY ENTER INTO OR CONSIDER PARTICIPATION IN SMALL ARMS' 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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

OF INTEREST STATEMENTS. SEE:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

INTERNET CORP FOR ASSIGNED NAMES & NUMBERS

Employer identification number

95-4712218

ORGANIZATION'S MISSION

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

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

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

GOVERNING BODY

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

IN ADDITION TO THE VOTING MEMBERS OF THE BOARD OF DIRECTORS, ICANN'S BYLAWS AS OF JUNE 30, 2012 ALLOWED FOR FIVE (5) NON-VOTING LIAISONS. THE NON-VOTING LIAISONS ARE ENTITLED TO ATTEND BOARD MEETINGS, PARTICIPATE IN

Name of the organization INTERNET CORP FOR ASSIGNED NAMES & NUMBERS	Employer identification number 95-4712218
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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, 2012:

1. HEATHER DRYDEN (GAC, 2010-2015)
2. RAM MOHAN (SSAC, 2009-2012)
3. THOMAS NARTEN (IETF, 2013)
4. THOMAS ROESSLER (TLG, 2011-2012)
5. SUZANNE WOOLF (RSSAC, 2004-2013)
6. REINHARD SCHOLL (TLG, 2010-2011)

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 2

CURRENTLY THE INTERNET NAMESPACE CONSISTS OF 22 GENERIC TOP LEVEL DOMAINS (GTLDS) AND OVER 250 COUNTRY CODE TOP LEVEL DOMAINS (CCTLDS) OPERATING ON VARIOUS MODELS. EACH OF THE GTLDS HAS A DESIGNATED "REGISTRY OPERATOR" AND, IN MOST CASES, A REGISTRY AGREEMENT BETWEEN THE OPERATOR (OR SPONSOR) AND ICANN. THE REGISTRY OPERATOR IS RESPONSIBLE FOR THE TECHNICAL OPERATION OF THE TLD, INCLUDING ALL OF THE NAMES REGISTERED IN THAT TLD. OVER 1,000 ICANN ACCREDITED REGISTRARS INTERACT WITH REGISTRANTS (AND OTHERS) TO PERFORM DOMAIN NAME REGISTRATION AND OTHER RELATED SERVICES FOR NEW GTLDS. THE NEW GTLD PROGRAM PROVIDES A MEANS FOR PROSPECTIVE REGISTRY OPERATORS TO APPLY FOR NEW GTLDS, AND CREATE NEW

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OPTIONS FOR CONSUMERS. THE PROGRAM OPENED ITS FIRST APPLICATION ROUND IN JANUARY 2012.

FORM 990, PART III, LINE 4

ICANN IS A MULTI-STAKEHOLDER ORGANIZATION THAT COORDINATES THE INTERNET DOMAIN NAME SYSTEM (DNS) AND ADDRESSING FOR THE BENEFIT OF INTERNET USERS WORLDWIDE, ENABLING A SINGLE, INTEROPERABLE INTERNET. AS OF 30 JUNE 2012, ICANN WAS RESPONSIBLE FOR THE GLOBAL TECHNICAL COORDINATION OF OVER 240 MILLION INTERNET DOMAIN NAMES, INCLUDING 133 MILLION INTERNET DOMAIN NAMES FOUND IN GENERIC TOP-LEVEL DOMAINS THAT ARE GOVERNED BY ICANN'S COMMUNITY-DEVELOPED POLICIES, AS WELL AS THE ALLOCATION OF OVER A BILLION NETWORK ADDRESSES. CONNECTING BILLIONS OF COMPUTERS, PHONES AND OTHER DEVICES ACROSS THE INTERNET, DNS CYBER-SECURITY IS A TOP PRIORITY. SEE ADDITIONAL INFORMATION ABOUT ICANN'S PROGRAMS AND ACTIVITIES ON THE ICANN WEBSITE AND IN THE ICANN ANNUAL REPORT POSTED AT ICANN.ORG.

DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS

FORM 990, PART VI, LINE 7A

THE NOMINATING COMMITTEE (NOMCOM) IS RESPONSIBLE FOR THE SELECTION OF EIGHT ICANN BOARD MEMBERS AND FOR OTHER SELECTIONS AS ARE SET FORTH IN THE BYLAWS. (SEE BYLAWS ARTICLE VII, SECTION 1.)

THE NOMCOM IS CHARGED WITH POPULATING A PORTION OF THE ICANN BOARD AS NOTED ABOVE, AS WELL AS THE ALAC, THE CCNSO COUNCIL AND THE GNSO COUNCIL. THE NOMCOM COMPLEMENTS THE OTHER MEANS FOR FILLING A PORTION OF KEY ICANN LEADERSHIP POSITIONS ACHIEVED WITHIN THE SUPPORTING ORGANIZATIONS AND

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

THE BYLAWS ALSO STATE THAT THE NOMCOM SHALL ADOPT SUCH OPERATING PROCEDURES AS IT DEEMS NECESSARY, WHICH SHALL BE PUBLISHED ON THE ICANN WEBSITE.

THE NOMCOM IS DESIGNED TO FUNCTION INDEPENDENTLY FROM THE BOARD, THE SUPPORTING ORGANIZATIONS, AND ADVISORY COMMITTEES. NOMCOM MEMBERS ACT ONLY ON BEHALF OF THE INTERESTS OF THE GLOBAL INTERNET COMMUNITY AND WITHIN THE SCOPE OF THE ICANN MISSION AND RESPONSIBILITIES ASSIGNED TO IT BY THE ICANN BYLAWS.

MEMBERS CONTRIBUTE TO THE NOMCOM 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. MEMBERS ARE, OF COURSE, ACCOUNTABLE FOR ADHERENCE TO THE BYLAWS AND FOR COMPLIANCE WITH THE RULES AND PROCEDURES ESTABLISHED BY THE NOMCOM.

LOCAL CHAPTERS, BRANCHES AND AFFILIATES

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

ICANN HAS OFFICES IN BRUSSELS, BELGIUM AND SYDNEY, AUSTRALIA, WHICH PROVIDE OPERATIONAL SUPPORT TO THEIR RESPECTIVE GEOGRAPHICAL REGIONS.

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(THE SYDNEY, AUSTRALIA OFFICE WAS CLOSED AFTER JUNE 30, 2012.)

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

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 CONTROLLER, CFO, AND OFFICE OF THE GENERAL COUNSEL REVIEW THE FORM 990, AND THE CONTROLLER AND CFO SIGN OFF FOR APPROVAL.
3. THE FORM 990 IS PROVIDED TO THE ICANN BOARD MEMBERS.

CONFLICTS OF INTEREST POLICY

FORM 990, PART VI, LINE 12C

ICANN HAS WRITTEN CONFLICTS OF INTEREST POLICIES, WHICH ARE APPLICABLE TO ALL BOARD MEMBERS AND EMPLOYEES. THE OFFICE OF THE GENERAL COUNSEL MONITORS THESE POLICIES WITH OVERSIGHT BY THE BOARD GOVERNANCE COMMITTEE AS THEY RELATE TO THE BOARD. A CONFLICTS OF INTEREST DISCLOSURE STATEMENT IS COMPLETED ANNUALLY AND SIGNED BY EACH BOARD MEMBER, OFFICER AND KEY EMPLOYEE (WHICH HAS BEEN EXTENDED IN FY 13 TO ALL EMPLOYEES). THE DISCLOSURE STATEMENTS ARE REVIEWED BY THE GENERAL COUNSEL, AND A REPORT OF ITS FINDINGS IS PREPARED. THE BOARD MEMBER, OFFICER AND KEY EMPLOYEE CONFLICTS OF INTEREST POLICY CAN BE FOUND HERE:

[HTTP://WWW.ICANN.ORG/EN/GROUPS/BOARD/GOVERNANCE/COI](http://www.icann.org/en/groups/board/governance/coi)

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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, HOW TO HANDLE A BOARD MEMBER WHO RECEIVES COMPENSATION, THE ANNUAL STATEMENT 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. THE REPORTS OF BOARD MEMBER AND OFFICER REPORTED STATEMENTS OF INTEREST ARE POSTED ON THE WEBSITE. THE REPORTS CAN BE FOUND AT:

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

RETENTION AND DESTRUCTION POLICY

FORM 990, PART VI, LINE 14

ICANN MAINTAINS AN INTERNAL DOCUMENT RETENTION AND DESTRUCTION POLICY AND HISTORICALLY HAS FOLLOWED BEST INDUSTRY PRACTICES FOR RETENTION AND DESTRUCTION.

PROCESS FOR DETERMINING COMPENSATION

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

ICANN FOLLOWS PRINCIPLES OF ACCOUNTABILITY AND TRANSPARENCY AND DESCRIBES ITS REMUNERATION PLANS AND PRACTICES, WHICH ARE CONTINUALLY UPDATED, AND ARE POSTED AT:

[HTTP://WWW.ICANN.ORG/EN/ABOUT/FINANCIALS/
REMUNERATION-PRACTICES-FY13-15SEP12-EN.PDF](http://www.icann.org/en/about/financials/remuneration-practices-fy13-15sep12-en.pdf)

Name of the organization INTERNET CORP FOR ASSIGNED NAMES & NUMBERS	Employer identification number 95-4712218
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THE PROCESS FOR DETERMINING COMPENSATION INCLUDING SURVEYS OF COMPARABLE POSITIONS AND OTHER MARKET STUDIES IS DESCRIBED IN THIS COMPENSATION REPORT. EXECUTIVE COMPENSATION IS DISCLOSED AS WELL. SALARIES OF ALL OFFICERS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS IN RESPONSE TO RECOMMENDATIONS BY THE COMPENSATION COMMITTEE. MINUTES OF THESE MEETINGS ARE MAINTAINED BY THE OFFICE OF THE GENERAL COUNSEL AS PART OF ITS CORPORATE SECRETARIAT FUNCTION. EACH YEAR THE APPOINTMENT FOR EACH OFFICER IS CONFIRMED BY THE BOARD OF DIRECTORS AT THE ANNUAL GENERAL MEETING.

THE COMPENSATION STUDIES FOR MARKET COMPARABILITY CONDUCTED BY TOWERS WATSON IN 2009 FOR OFFICERS, INCLUDING THE CEO, WERE UPDATED IN 2011. THE COMPENSATION STUDIES FOR ALL NON-OFFICER POSITIONS IN ICANN WERE UPDATED IN 2010 AND WERE UPDATED AGAIN BY TOWERS WATSON IN 2012.

AVAILABILITY OF 990

FORM 990, PART VI, LINE 18

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

[HTTP://WWW.ICANN.ORG/EN/ABOUT/FINANCIALS/FISCAL-30JUN11-EN.HTM](http://www.icann.org/en/about/financials/fiscal-30jun11-en.htm)

AFTER SUBMISSION TO THE IRS, THE 2011 FORM 990 WILL BE POSTED HERE:

[HTTP://WWW.ICANN.ORG/EN/ABOUT/FINANCIALS/FISCAL-30JUN12-EN.HTM](http://www.icann.org/en/about/financials/fiscal-30jun12-en.htm)

IN ADDITION, THE FORM 990 IS POSTED ON THE WWW.GUIDESTAR.ORG WEBSITE.

Name of the organization INTERNET CORP FOR ASSIGNED NAMES & NUMBERS	Employer identification number 95-4712218
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FINALLY, HARD COPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST FROM THE CFO OF ICANN. REQUESTS SHOULD BE SUBMITTED TO ICANN'S CFO BY EMAIL TO XAVIER.CALVEZ@ICANN.ORG, OR BY PHONE AT +1.310.301.5838.

ICANN POSTS THE ORIGINAL FORM 1023 (APPLICATION FOR TAX-EXEMPT STATUS) ON ITS WEBSITE. THE ORIGINAL FORM 1023 POST IS LOCATED AT:
[HTTP://WWW.ICANN.ORG/EN/ABOUT/FINANCIALS](http://www.icann.org/en/about/financials)

ICANN POSTS ITS MOST RECENT IRS FAVORABLE DETERMINATION LETTER, AND OTHER INFORMATION AT:
[HTTP://WWW.ICANN.ORG/EN/ABOUT/FINANCIALS](http://www.icann.org/en/about/financials)

ICANN'S TAX EXEMPT STATUS INFORMATION CAN BE FOUND AT:
[IRS-FAVORABLE-DETERMINATION-LETTER-19SEP08-EN.PDF](#)

AVAILABILITY OF GOVERNING DOCS, CONFLICTS OF INTEREST, AND FINANCIAL STMTS
FORM 990, PART VI, LINE 19

IN ACCORDANCE WITH ITS CORPORATE BYLAWS (SEE:
[HTTP://WWW.ICANN.ORG/EN/ABOUT/GOVERNANCE/BYLAWS](http://www.icann.org/en/about/governance/bylaws)) AND THE AFFIRMATION OF COMMITMENTS WITH THE UNITED STATES DEPARTMENT OF COMMERCE, ICANN IS COMMITTED TO ACCOUNTABILITY AND TRANSPARENCY PRINCIPLES. THIS INCLUDES PROVIDING EXTENSIVE ACCESS TO THE PUBLIC THROUGH THE ICANN WEBSITE OF ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS. SEE: [HTTP://WWW.ICANN.ORG/EN/ABOUT/GOVERNANCE](http://www.icann.org/en/about/governance)

OFFICER/DIRECTOR SERVICE DATES

Name of the organization INTERNET CORP FOR ASSIGNED NAMES & NUMBERS	Employer identification number 95-4712218
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FORM 990, PART VII

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, 2012.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 5

UNREALIZED GAINS ON INVESTMENTS	\$ 3,671,191
UNREALIZED GAINS/LOSS ON FOREIGN EXCHANGE	\$ (800,209)
ROUNDING	\$ 476

TOTAL	\$ 2,871,458

CONTRIBUTIONS

FORM 990, SCHEDULE B, LINE 17

NEUSTAR SPONSORS CCTLD'S AND GTLD'S.

FORM 990, SCHEDULE B, LINE 35

VERISIGN SPONSORS THREE GTLD'S AND ONE CCTLD.

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

ATTACHMENT 1

AUSTRALIA

BELGIUM

ATTACHMENT 2

Name of the organization INTERNET CORP FOR ASSIGNED NAMES & 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>
CANNON CONSTRUCTORS SOUTH, INC. 17000 VENTURA BLVD., SUITE 301 ENCINO, CA 91316	CONSTRUCTION SVCS	2,715,900.
JONES DAY 555 FLOWER STREET, 50TH FLOOR LOS ANGELES, CA 90071	LEGAL SERVICES	1,900,773.
ERNST & YOUNG U.S. LLP 200 PLAZA DRIVE SECAUCUS, NJ 07094	CONSULTING SERVICES	1,657,177.
JAS GLOBAL ADVISORS LLC 150 MICHIGAN AVE., STE 280 CHICAGO, IL 60601-7586	CONSULTING SERVICES	1,091,121.
BURSON-MARSTELER PO BOX 101880 ATLANTA, GA 30392-1880	PUBLIC RELATIONS SVC	650,000.
	TOTAL COMPENSATION	<u>8,014,971.</u>