

California Exempt Organization Annual Information Return

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) 07/01/2017, and ending (mm/dd/yyyy) 06/30/2018

Corporation/Organization name INTERNET CORPORATION FOR ASSIGNED California corporation number 2121683

Additional information. See instructions. Foreign province/state/county Foreign postal code 95-4712218

Street address (suite or room) 12025 WATERFRONT DRIVE, SUITE 300 PMB no.

City LOS ANGELES State CA Zip code 90094

Foreign country name Foreign province/state/county Foreign postal code

A First Return... B Amended Return... C IRC Section 4947(a)(1) trust... D Final Information Return... E Check accounting method... F Federal return filed... G Is this a group filing?... H Is this organization in a group exemption... I Did the organization have any changes to its guidelines...

J If exempt under R&TC Section 23701d, has the organization engaged in political activities?... K Is the organization exempt under R&TC Section 23701g?... L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box... M Is the organization a Limited Liability Company?... N Did the organization file Form 100 or Form 109 to report taxable income?... O Is the organization under audit by the IRS or has the IRS audited in a prior year?... P Is federal Form 1023/1024 pending?...

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

Table with 17 rows: Receipts and Revenues (lines 1-8), Expenses (lines 9-10), Filing Fee (lines 11-17). Includes amounts like 281,224,364.00 and 147,606,916.00.

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Preparer's signature: ERNST & YOUNG U.S. LLP, 4365 EXECUTIVE DRIVE, #1600, SAN DIEGO, CA 92121. Date: 05/09/19. Telephone: 310-301-5838.

May the FTB discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

# SEE ATTACHED FEDERAL FORM 990

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions . . . . .	●	1	00
	2	Interest . . . . .	●	2	00
	3	Dividends . . . . .	●	3	00
	4	Gross rents . . . . .	●	4	00
	5	Gross royalties . . . . .	●	5	00
	6	Gross amount received from sale of assets (See Instructions) . . . . .	●	6	00
	7	Other income. Attach schedule . . . . .	●	7	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . .		8	00
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . .	●	9	00
	10	Disbursements to or for members . . . . .	●	10	00
	11	Compensation of officers, directors, and trustees. Attach schedule . . . . .	●	11	00
	12	Other salaries and wages . . . . .	●	12	00
	13	Interest . . . . .	●	13	00
	14	Taxes . . . . .	●	14	00
	15	Rents . . . . .	●	15	00
	16	Depreciation and depletion (See instructions) . . . . .	●	16	00
	17	Other Expenses and Disbursements. Attach schedule . . . . .	●	17	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .		18	00

<b>Schedule L Balance Sheets</b>	<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash . . . . .				●
2 Net accounts receivable . . . . .				●
3 Net notes receivable . . . . .				●
4 Inventories . . . . .				●
5 Federal and state government obligations . . . . .				●
6 Investments in other bonds . . . . .				●
7 Investments in stock . . . . .				●
8 Mortgage loans . . . . .				●
9 Other investments. Attach schedule . . . . .				●
10 <b>a</b> Depreciable assets . . . . .				●
<b>b</b> Less accumulated depreciation . . . . .				●
11 Land . . . . .				●
12 Other assets. Attach schedule . . . . .				●
13 <b>Total assets</b> . . . . .				●
<b>Liabilities and net worth</b>				
14 Accounts payable . . . . .				●
15 Contributions, gifts, or grants payable . . . . .				●
16 Bonds and notes payable . . . . .				●
17 Mortgages payable . . . . .				●
18 Other liabilities. Attach schedule . . . . .				●
19 Capital stock or principal fund . . . . .				●
20 Paid-in or capital surplus. Attach reconciliation . . . . .				●
21 Retained earnings or income fund . . . . .				●
22 <b>Total liabilities and net worth</b> . . . . .				●

SEE ATTACHED FEDERAL FORM 990

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books . . . . .	●	
2	Federal income tax . . . . .	●	
3	Excess of capital losses over capital gains . . . . .	●	
4	Income not recorded on books this year. Attach schedule . . . . .	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule . . . . .	●	
6	<b>Total.</b> Add line 1 through line 5 . . . . .		
7	Income recorded on books this year not included in this return. Attach schedule . . . . .	●	
8	Deductions in this return not charged against book income this year. Attach schedule . . . . .	●	
9	<b>Total.</b> Add line 7 and line 8 . . . . .		
10	<b>Net income per return.</b> Subtract line 9 from line 6 . . . . .		

Political or Legislative Activities by Section 23701d Organizations

2017

3509

For calendar year 2017 or fiscal year beginning (mm/dd/yyyy) 07/01/2017, and ending (mm/dd/yyyy) 06/30/2018.

Attach to Form 199. FTB 199N filers see instructions.

Table with 4 columns: Corporation/Organization name, California corporation number, Street address (suite, room, or PMB no.), FEIN, City, State, ZIP code.

Part I - Political Activities

Complete if the organization supported or opposed a candidate for public office. See instructions.

1 Has the organization participated or intervened in any political campaign on behalf of any elective public office candidate? 1 [ ] Yes [X] No

2 Has the organization contributed funds to support or oppose any individual public office candidate, or any organizations formed to support or oppose a public office candidate? 2 [ ] Yes [X] No

Part II - Legislative Activities

Complete if the organization attempted to influence legislation.

3 Has the organization attempted to influence any national, state or local legislation, or ballot measure and not filed a federal Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization to Make Expenditures to Influence Legislation? 3 [X] Yes [ ] No

4a Has the organization, during the 2017 taxable year, filed a federal Form 5768? 4a [ ] Yes [X] No

4b Has the organization filed a federal Form 5768 in a prior year that has not been revoked? 4b [ ] Yes [X] No

Furnish the following financial information for the taxable year:

Table with 2 columns: Description of expenditure (Exempt Purpose, Lobbying, Grass Roots) and Amount (N/A 00).



STATE OF CALIFORNIA  
**Franchise Tax Board**

## Business Entity e-file Waiver Request - Confirmation

Thank you for your submission.

Your waiver has been granted for the return and tax period indicated below. If we have questions regarding the information you submitted on this form, we will contact you.

**Note:** The granting of this waiver, including the reason provided, does not exempt you from the requirement in future years.

Print or save a copy of this confirmation page for your records. This page expires in 20 minutes.

### Entity Information

#### Entity Information

Entity Type	<b>Exempt Organization</b>
Form Type	<b>199</b>
Entity Name	<b>ICANN</b>
California Entity ID Number	<b>2121683</b>
FEIN	<b>954712218</b>
Account Period Beginning	<b>07/01/2017</b>
Account Period Ending	<b>06/30/2018</b>

#### Waiver Information

Software/Product Used	<b>GoSystem Tax RS</b>
Reason for Waiver	<b>Technology Constraints</b>

Explanation	<b>GoSystem Tax RS functionally does not accommodate e-filing where Box J of the Form 199 is selected yes.</b>
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## Contact Information

### Contact 1

Role	<b>Paid Preparer</b>
Name	<b>Ernst and Young US LLP</b>
Telephone Number	<b>415.894.8000</b>
E-mail Address	<b>alex.song1@ey.com</b>

## Person who Submitted Form

Name	<b>Ernst and Young US LLP</b>
Telephone Number	<b>415.894.8000</b>
E-mail Address	<b>alex.song1@ey.com</b>

If you have questions regarding this waiver, contact us at [e-file@ftb.ca.gov](mailto:e-file@ftb.ca.gov).

**Done**    **Start a new request**

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OF THIS STATE TAX RETURN**