_	990-T	Ex	cempt Organi						n	ОМВ	No. 1545-0687
FORM	330 1	For cale	ndar year 2017 or other t	ax year begin	ning _		and endir	og 06/30, 20	18.	2	(017
	tment of the Treasury		►Go to www.irs.g	ov/Form990	<i>T</i> for i	nstructions and th	ne latest	information.	-	Onen to F	Public Inspection for
_	al Revenue Service	▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)									Public Inspection for Organizations Only
A _	Check box if address changed		Name of organization (me changed and see i	nstructions	5.)			ication number ee instructions.)
		-	INTERNET COR		N F.O	R ASSIGNED					
	empt under section	Drint	NAMES AND NU						0 = 4	710010	
X	501(C)(3)	Print or	Number, street, and roo	m or suite no. I	ta P.O	. box, see instructions.	•			712218	
	408(e) 220(e)	Туре	10005							ated busine	ess activity codes
	408A530(a)		12025 WATERF						,	,	
	529(a)		City or town, state or pr	· · · · ·	•	ZIP or foreign postal co	ode				
	ok value of all assets end of year		LOS ANGELES,						9000	99	
	•		up exemption number	`							
5	05,518,063.	G Che	ck organization type	X 501	(c) co	rporation	501(c)	trust	401(a)	trust	Other trus
H D	escribe the organiz	zation's p	rimary unrelated busine	ess activity.	► 51	2(A)(7) DIS	ALLOW	ED FRINGE E	BENEF:	ITS	
D	uring the tax year,	was the	corporation a subsidia	ry in an affili	ated g	roup or a parent-sul	bsidiary c	ontrolled group? .		▶∟	Yes X No
			identifying number of	the parent co	rporation						
J T	he books are in care	e of 🕨 🛚	KAVIER CALVEZ				elephon	e number ► (31	.0) 30	01-5838	3
Pa	rt I Unrelated	Trade of	or Business Incon	ne		(A) Income	•	(B) Expens	es		(C) Net
1a	Gross receipts or	sales									
b	Less returns and allowa	ances		c Balance ▶	1c						
2	Cost of goods so	Id (Sched	ule A, line 7)	_	2						
3			2 from line 1c		3						
4a			ttach Schedule D)		4a						
b			Part II, line 17) (attach Fo		4b						
C			rusts		4c						
5			ps and S corporations (atta		5						
6	, ,			•	6						
7			come (Schedule E)		7						
8			nts from controlled organization		8						
9			1(c)(7), (9), or (17) organizati		9						
10			ncome (Schedule I)		10						
		•	, , -		11						
11			lule J)		12	245	939.	ATCH 1			245,939
12			etions; attach schedule)			245,		AICH I			245,939
13			ough 12		13	·		aduationa \ /F	voonti	or contr	<u> </u>
Pa			Taken Elsewhere						хсерт	or contr	butions,
			be directly conne							1	
14			directors, and trustees								
15											
16									- 1		
17											
18											
19											
20			See instructions for limit			1	1		. 20		
21			4562)								
22	Less depreciation	n claimed	on Schedule A and els	sewhere on re	eturn	22	a		22b		
23											
24	Contributions to	deferred	compensation plans .						. 24		
25	Employee benefit	t programs	3						. 25		
26			Schedule I)								
27			chedule J)								
28			chedule)								
29			s 14 through 28								
30			le income before ne								245,939
31			on (limited to the amo								
32			e income before speci								245,939
33			ally \$1,000, but see li								1,000
34			ble income. Subtract								
	J J. G.	,	" an	55 11	J III		.5 9100	02	,		211 939

Form	orm 990-T (2017) INTERNET CORPORATION FOR ASSI	IGNED	95-4712218	Page 2
Pa	Part III Tax Computation			
35	5 Organizations Taxable as Corporations. See instructions for tax of	computation. Controlled group		
	members (sections 1561 and 1563) check here ▶ See instructions and:			
а	a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income	e brackets (in that order):		
	(1) \$ (2) \$			
b	b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$		
	(2) Additional 3% tax (not more than \$100,000)		2.0	c= 010
	c Income tax on the amount on line 34		35c	65,219.
36				
		m 1041)	36	
37	5 - THE STATE OF THE SECOND AND AND AND AND AND AND A TO TO TO TO TO TO TO A TO		37	
38 39			38	
40			40	65,219.
1000	Part IV Tax and Payments		40	/
200000	1 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		
	b Other credits (see instructions)	SOMEON TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE		
	c General business credit. Attach Form 3800 (see instructions)			
	d Credit for prior year minimum tax (attach Form 8801 or 8827)		129	
е	e Total credits. Add lines 41a through 41d		41e	
42	Subtract line 41e from line 40	<u></u>	42	65,219.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697/ Form	0 8866 Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43		44	65,219.
	5 a Payments: A 2016 overpayment credited to 2017			
b	b 2017 estimated tax payments			
С	c Tax deposited with Form 8868			
d	d Foreign organizations: Tax paid or withheld at source (see instructions)			
e	e Backup withholding (see instructions)	The state of the s		
1	f Credit for small employer health insurance premiums (Attach Form 8941)	45f		
g	g Other credits and payments: Form 2439 Other Other Total	450		
46			46	
47			47	
48	The state of the s		48	65,219.
49			49	
50		Refunded ▶	50	
Par	art V Statements Regarding Certain Activities and Other I	nformation (see instructions	s)	
51	At any time during the 2017 calendar year, did the organization have ar	n interest in or a signature or	other authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If	YES, enter the name of the	foreign country	
	here >			X
52		grantor of, or transferor to, a forei	gn trust?	X
53	If YES, see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year	¢		
33	Under penalties of perjury, I declare that I have examined this return, including accompanying		est of my knowledge	and belief, it is
Sigr	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of			
Her			y the IRS discuss h the preparer sh	
	Signature of officer Date Title		e instructions)? X Ye	
	Print/Type preparer's name Preparer's signature	Date	if PTIN	
Paid	JOCEDINE MILLER	05/09/19 self-e	mployed P006	34378
	reparer se Only Firm's name ERNST & YOUNG U.S. LLP #1600 GAN DE		EIN ▶34-6565	
J3C	Firm's address ▶ 4365 EXECUTIVE DRIVE, #1600, SAN D	IEGO, CA 92121 Phone	eno. 858–535	-7200
	\$ and the second		Form 99	90-T (2017)
	ž			
	,,			
	\mathcal{R}_{i}			
		ė		
	() •			

Form 990-T (2017) Page **3**

,												- 9
Schedule A - Cost of Go	oods Sold. En	ter method	of invento	ry valuatio	n I	>						
1 Inventory at beginning of y	ear 1			6 Invento	ry a	at end of y	/ear		6			
2 Purchases	2			7 Cost	of	goods	solo	d. Subtract line				
3 Cost of labor	3			6 from	n li	ine 5. I	Ente	er here and in				
4a Additional section 263A co	osts			Part I, I	ine 2	2			7			
(attach schedule)	4a			8 Do th	е	rules of	S	ection 263A (w	ith re	espect to	Yes	No
b Other costs (attach schedu	ıle) . 4b							or acquired for				
5 Total. Add lines 1 through				to the c	rga	nization?						X
Schedule C - Rent Income (see instructions)	e (From Real P	roperty a	nd Persor	nal Proper	ty	Leased	W	ith Real Proper	ty)			
1. Description of property												
(1)												
(2)												
(3)												
(4)												
	2. Rent receiv	ed or accrue	ed									
(a) From personal property (if the for personal property is more the more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)					3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)						
(1)												
(2)												
(3)												
(4)												
Total		Total										
(c) Total income. Add totals of continuous and on page 1, Part I, line 6	` , , ,	,						(b) Total deductio Enter here and on Part I, line 6, colun	page 1			
Schedule E - Unrelated D			e instruction	ns)								
1. Description of del	nt-financed property		1	ncome from or	- 1	3	3. De	eductions directly cor debt-financ			ble to	
				operty			(a) Straight line depreciation (attach schedule)			b) Other ded (attach sche		
(1)												
(2)												
(3)					_							
(4)	Γ											
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			4 0	4 divided			acome reportable 2 x column 6)	' I (column 6 y total of columns				
(1)					%							
(2)					%							
(3)					%							
(4)					%							
Totals								and on page 1, 7, column (A).		r here and I, line 7, co		
Totals Total dividends-received deduct	ions included in co	olumn 8	<u> </u>	· · · · · · ·	<u> </u>							

Form **990-T** (2017)

Page 4

Schedule F - Interest, Ann	uities, Royaities						i ons (see	nstruction	ons)				
		Exe	Exempt Controlled Organization										
Name of controlled organization	2. Employer identification numb	ei	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5				
(1)													
(2)													
(3)													
(4)													
Nonexempt Controlled Organi	zations	·											
7. Taxable Income	8. Net unrelated in (loss) (see instruc			Total of specifical		includ	rt of column ed in the co zation's gros	ntrolling		Deductions directly nnected with income in column 10			
(1)													
(2)													
(3)													
(4)													
Totals	ncome of a Sec	tion 501	(c)(7),		<u> </u>	Part I	here and on , line 8, colu	mn (A).		ter here and on page 1, art I, line 8, column (B).			
1. Description of income	2. Amount of income		3. Deductions directly connected (attach schedule)			4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col. 4)				
(1)													
(2)													
(3)													
(4)	Enter here and									Enter here and on page 1			
Totals ▶ Schedule I - Exploited Exc	Part I, line 9, c	. ,		4. Net incor	ne (loss)	ncome (see instru	ictions)		Part I, line 9, column (B). 7. Excess exempt			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	direct connecte producti unrelat business i	ly d with on of ted	from unrela or business 2 minus co If a gain, c cols. 5 thre	(column lumn 3). ompute	5. Gross income from activity that		able to	expenses (column 6 minus column 5, but not more than column 4).				
(1)													
(2)													
(3)													
(4)													
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, F line 10, co	Part I,				Enter here and on page 1, Part II, line 26.						
Schedule J - Advertising Ir	ncome (see instri	uctions)											
Part I Income From Per			consol	idated Ba	sis								
modific From Feb	logicals report	ca on a c	7011301		313								
1 Name of periodical advertising		3. Dire advertising		4. Adver gain or (los 2 minus coa gain, co cols. 5 three	ss) (col. ol. 3). If mpute	1	culation come	6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4).			
(1)													
(2)													
(3)													
(4)													
Totals (carry to Part II, line (5))													

Form **990-T** (2017)

JSA

7X2743 3.000 11165W 2020 60100666 PAGE 4

Page 5

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

3	,	,				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						
	4 - 441 -			\		

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1 Part II line 14	·		

Form **990-T** (2017)

60100666

PAGE 5

ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME

SEC. 512(A)(7) DISALLOWED QUALIFIED TRANSPORTATION FRINGE BENEFITS

245,939.

PART I - LINE 12 - OTHER INCOME

245,939.

ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME

THE AMOUNT REPORTED ON LINE 12 AS UNRELATED BUSINESS TAXABLE INCOME RELATES TO A NEWLY ENACTED TAX EFFECTIVE JANUARY 1, 2018, THAT IS BASED ON COMPANY PAID EMPLOYEE PARKING WHICH IS CONSIDERED A TAXABLE QUALIFIED TRANSPORTATION FRINGE BENEFIT FOR EXEMPT ORGANIZATIONS.

ATTACHMENT 2

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLEND	ED TAX RATE
1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34).	244,939.
2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX	211,000.
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP	78,776.
3 TAX ON LINE 1 FIGURED USING THE 21% RATE	51,437.
4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184	
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	14,494,784.
5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181	
IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	9,310,097.
6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365	, ,
IN THE CORPORATION'S TAX YEAR	39,712.
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	25,507.
	=373371
8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	65,219.