Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Note: The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service

This Form is Open to Public Inspection

Ar	or the	1999 calendar ye	ear, OK tax year period beginning	10H 1, 1999	and ending	2014 2	U, 2000	
B (heck if Chan	Diagra	me of organization				D Employer ide	ntification number
L	_of addre	use IRS IT IV I	use IRS INTERNET CORPORATION FOR ASSIGNED NAMES				05 47	10010
_	∏initial	print or ANI	NUMBERS	·			95-47	
<u> </u>	_return		mber and street (or P.O. box if mail is a	not delivered to street address	s)		E Telephone nu	
	⊒returr ⊐Amer	ded Instruc-	6 ADMIRALTY WAY			330		23-9358
	(require	. 110115. 010	y or town, state or country, and ZIP+4 RINA DEL REY, CA	90292_6601			F Check	if exemption application is pending
^ 1	for state reporting		X Exempt under 501(c) (3)		section 494	7/a\/1\ nonever	not charitable true	
		-	exempt organizations and 4947(a					
			led for affiliates?					
			per of affiliates for which this	163 (42) 140		number (GEN)	_	-aigit group
(u)			or or anniaces for which this		-	method:	,	Accrual
(e)			d by an organization covered by a group ruling			r (specify)	J Casir (_a	Accidal
			e organization's gross receipts are norr				return with the I	RS- hut
			ackage in the mail, it should file a return		-			NO, Dat
			e used by organizations with gross					nd of year.
	nt I		xpenses, and Changes in				72-7,-7-1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	1		gifts, grants, and similar amounts recei					
	;		ipport		1a	1,837,79	97.	
			support					
			ntributions (grants)					
			s 1a through 1c) (attach schedule of co		Lawring to the same	STMT 2	2	
			1,837,797 noncash \$_)		1d	1,837,797.
	2							3,429,202.
	3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	4 Interest on savings and temporary cash investments						13,256.	
	5							· · · · · · · · · · · · · · · · · · ·
	6 :	5 Dividends and interest from securities 6 a Gross rents 6a						·
	1	•	penses					
		Net rental income or (loss) (subtract line 6b from line 6a)						
Revenue	7		nt income (describe ►	6c				
e e	8 :		from sale of assets other	(A) Securities		(B) Other		
Œ		than inventory			8a			
	ı	Less: cost or ot	her basis and sales expenses		8b			
			attach schedule)		8c			
	(Net gain or (los	s) (combine line 8c, columns (A) and (B))			8d	
	9		and activities (attach schedule)					
	á	Gross revenue (not including \$ of contributions						
		reported on line	1a)		9a			
	b Less: direct expenses other than fundraising expenses							
	C	Net income or (loss) from special events (subtract line 9b from line 9a)				9c		
	10 a	_						
	t	Less: cost of go	ods sold		10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 1						10c	
	11	Other revenue (from Part VII, line 103)						4,478.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	Oc, and 11)			12	5,284,733.
I.O.	13	Program services (from line 44, column (B))						2,229,791.
Expenses	14	Management and general (from line 44, column (C))						462,891.
per	15	Fundraising (fro	m line 44, column (D))	••••••			15	10,000.
ŭ	16	Payments to aff	iliates (attach schedule)				16	
	17	7 Total expenses (add lines 16 and 44, column (A))						2,702,682.
_O	18	Excess or (deficit) for the year (subtract line 17 from line 12)						2,582,051.
Set	19	Net assets or fu	nd balances at beginning of year (from	line 73, column (A))	*****		19	-758,766.
AS	20	Other changes in	n net assets or fund balances (attach ex	kplanation) S	EE STAT	TEMENT 3	20	135,000.
	21	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)					21	1,958,285.

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	Functional Expenses (4) of	ganiz	rations and section 4947(a)((1) nonexempt charitable tru	i (D) are required for sections but optional for others.	n 501(c)(3) and
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	cash \$noncash \$	22				
23	Specific assistance to individuals (attach schedule)	23				
	Benefits paid to or for members (attach schedule)	24				
	Compensation of officers, directors, etc.	25	316,000.		79,000.	0
	Other salaries and wages	26	119,851.	81,480.	38,371.	
	Pension plan contributions					
	Other employee benefits		3,532.			
29	Payroll taxes		10,340.	7,362.	2,978.	
	Professional fundraising fees	30				
31	Accounting fees	31	31,200.			
32	Legal fees	32	708,013.	708,013.		
33	Supplies	33	8,388.	1,327.	7,061.	
	Telephone		78,378.	2,470.	75,908.	
35	Postage and shipping	35	17,207.	1,112.	16,095.	
	Occupancy		42,297.	400.	41,897.	
	Equipment rental and maintenance	37	39,483.		39,483.	
	Printing and publications	38	11,533.		11,533.	
	Travel		112,473.		1,152.	
40		40	284,976.	284,976.		
41	Interest	41	58,164.	•	58,164.	
	Depreciation, depletion, etc. (attach schedule)	42	27,882.		27,882.	
	Other expenses (itemize):		, , , , , , , , , , , , , , , , , , , ,		2.7002.8	
	ADMINISTRATION	43a	18,021.		18,021.	
	INSURANCE	43b	40,812.		40,812.	
	MISCELLANEOUS	43c	9,365.	4,831.	4,534.	
	COMPUTER CONSULTANTS	43d	259,250.		4,334.	
	OTHER CONSULTANTS	43e	505,517.	495,517.		10 000
	Total functional expenses (add lines 22 through 43)	406	303/317.	473,317.		10,000.
••	Organizations completing columns (B)-(D), carry these	44	2 702 682	2,229,791.	462 001	10 000
Dor	totals to lines 13-15				462,891.	10,000.
ուսը Ուու	orting of Joint Costs Did you report in column (B)	(Γιυί	fram services) any joint cos	is from a combined educatio	nai campaign and	
f "V	draising solicitation?	 *~ &		191 10	P L	Yes X No
 !!!!\	es," enter (i) the aggregate amount of these joint cos the amount allocated to Management and general \$;
D	art III Statement of Program Service	Α Δ	; ano (iv) the amount allocated to F	undraising \$	•
	at is the organization's primary exempt purpose?	,e A	ccompustinents			
	E FOOTNOTE					B
All o	ganizations must describe their exempt purpose achievements	s in a c	lear and concise manner State t	he number of clients control sub-	instinue la conducta Di	Program Service Expenses
(C) He	evertients that are not measurable. (Section 501(c)(3) and (4) org	anizat	ions and 4947(a)(1) nonexempt of	haritable trusts must also enter th	e amount of grants and	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
	ations to others.) TO ACCICE IN THE DECICE		DETTET ODMENIE 7	ND BEODELIA O	t t	rusts; but optional for others.)
d	TO ASSIST IN THE DESIGN	, J	DEAFTONEUL V	AND TESTING O	F THE	
	MECHANISMS, METHODS AND	- <u> </u>	ROCEDURES NEC	ESSARY FOR O	VERSIGHT	
	OF THE ROOT SERVERS AND CONNECTIVITY ON THE INT	U'.	THER POLICIES	TO MAINTAIN	UNIVERSAL	
				rants and allocations \$)	2,129,791.
D	TO PROMOTE THE PUBLIC I	M.T.I	EREST IN NON-	TRADITIONAL		
	INTERNATIONAL VENUES WH	EKI	POLICY IS N	ADE THAT		
	AFFECTS THE INTERNET, I	15	USE, AND ITS	S IMPACT ON S		
			(G	rants and allocations \$	100,000.)	100,000.
С						
	,		(Gi	rants and allocations \$)	
d						
			(Gr	ants and allocations \$	1	
	Other program services (attach schedule)			ants and allocations \$		
			, , , , , , , , , , , , , , , , , , , ,	ants and andcations a	11	
f	Total of Program Service Expenses (should equal lin	e 44,	column (B), Program service	ces)) <u> </u>	2,229,791.
f		e 44,	column (B), Program service 2	ces))	2,229,791. Form 990 (1999)

Part IV Balance Sheets

Note	: Whe	re required, attached schedules and amound tid be for end-of-year amounts only.	(A) Beginning of year		(B) End of year		
	45 46	Cash - non-interest-bearing Savings and temporary cash investments	61,916.	45	70,141 710,189		
		Accounts receivable	47a			476	2,552,033
		Pledges receivable Less: allowance for doubtful accounts				48c	
	49 50	Grants receivable Receivables from officers, directors, trustees, and key employees		49	100,000.		
Assets		Other notes and loans receivable Less: allowance for doubtful accounts Inventories for sale or use		51c			
	53 54 55 a	Prepaid expenses and deferred charges Investments - securities Investments - land, buildings, and			53 54		
	b	equipment: basis Less: accumulated depreciation				55c	
		Investments - other Land, buildings, and equipment: basis Less: accumulated depreciation	57a	158,728.	22,762.	56 57c	128,528.
	58 59	Other assets (describe Total assets (add lines 45 through 58) (must e	84,678.	58 59	3,560,891.		
S.	60 61 62	Accounts payable and accrued expenses			843,444.	60 61 62	361,920. 215,686.
Liabilities	63 64 a	Loans from officers, directors, trustees, and key Tax-exempt bond liabilities Mortgages and other notes payable	y employees ,		63 64a		
	65	Other liabilities (describe		0.40	64b 65	1,025,000.	
s	66 Organ	Total liabilities (add lines 60 through 65)izations that follow SFAS 117, check here ► 69 and lines 73 and 74.	843,444.	66	1,602,606.		
d Balance	67 68 69	Unrestricted Temporarily restricted Permanently restricted			-758 , 766 .	67 68 69	1,823,285. 135,000.
Net Assets or Fund Balances	70	izations that do not follow SFAS 117, check he 70 through 74 Capital stock, trust principal, or current funds		70			
Net Asse	71 72	Paid-in or capital surplus, or land, building, and Retained earnings, endowment, accumulated inc Total net assets or fund balances (add lines 67	dfunds		71 72		
_		column (A) must equal line 19 and column (B) r Total liabilities and net assets / fund balances	-758,766. 84,678.	73 74	1,958,285. 3,560,891.		

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

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes X No

INTERNET CORPORATION FOR ASSIGNED NAMES Form 990 (1999) AND NUMBERS 95-4712218 Page 5 Part VI Other Information Yes No Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity X 76 76 Were any changes made in the organizing or governing documents but not reported to the IRS? 77 77 If "Yes," attach a conformed copy of the changes. 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X 78a b If "Yes," has it filed a tax return on Form 990-T for this year? 78b X Was there a liquidation, dissolution, termination, or substantial contraction during the year? 79 If "Yes." attach a statement: 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership. Х governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a b If "Yes." enter the name of the organization and check whether it is exempt OR nonexempt. 81 a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 81a 0. X b Did the organization file Form 1120-POL for this year? 81b 82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than Х fair rental value? 82a b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) X 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X 84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 84b 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A 85a b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A 85b If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. Dues, assessments, and similar amounts from members N/A Section 162(e) lobbying and political expenditures N/A 85d N/A Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f Does the organization elect to pay the section 6033(e) tax on the amount in 85f? 85q h If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A 85h N/A 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A b Gross receipts, included on line 12, for public use of club facilities 86b 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 87a Gross income from other sources. (Do not net amounts due or paid to other sources N/A against amounts due or received from them.) At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership. or an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-32 If "Yes," complete Part IX ______ 89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: 0 • ; section 4912 ► 0 • ; section 4955 ► section 4911 ▶ b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ______ d Enter: Amount of tax in 89c, above, reimbursed by the organization 90 a List the states with which a copy of this return is filed CALIFORNIA

X X b Number of employees employed in the pay period that includes March 12, 1999 gob The books are in care of ▶ DIANE SCHROEDER ______ Telephone no. ▶ 310-823-9358 Located at ▶ 4676 ADMIRALTY WAY, #330, MARINA DEL REY, CA ZIP +4 ▶ 90292-6601 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-Check here 923041 Form 990 (1999)

95-4712218

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Form 990	(1999) AND	NUMBERS				95-	-4712218 Page
Part V	II Analysis of Income	-Producing Ac					
Enter gros	s amounts unless otherwise		Unrela	ted business income		ed by section 512, 513, or 514	(E)
indicated.			(A)	(B)	(C) Exclu-	(D)	Related or exempt
93 Prog	ram service revenue:		Business code	Amount	sion	Amount	function income
-	OMAIN NAME FEES	;				•	2,434,470
	ADDRESS REGISTRY						428,000
	ACCREDITATION FE						444,885
	APPLICATION FEES						121,847
–	HIBIOTHION I BBC	<u> </u>					121,047
(8)	A-di-						
	Nedicare/Medicaid payments					·	
	ees and contracts from governmen					·	
	bership dues and assessments						
95 Inter	est on savings and temporary						
cash	investments				14	13,256.	,
96 Divid	ends and interest from securities						
	ental income or (loss) from real es	5000					
	ebt-financed property	·					
	ot debt-financed property				t	······································	
	ental income or (loss) from person			, , , , , , , , , , , , , , , , , , , ,			
	r investment income						
	or (loss) from sales of assets		•				
otner	than inventory						
	ncome or (loss) from special event						
102 Gross	s profit or (loss) from sales of inve	ntory					
103 Other							
a <u>M</u>	IISCELLANEOUS						4,478.
b							
C _							
е							
104 Subto	otal (add columns (B), (D), and (E))			0.	13,256.	3,433,680.
	L (add line 104, columns (B), (D),						
	ne 105 plus line 1d, Part I, shou				***************************************		
	Relationship of Acti				empt Purr	osas	
Line No.	Explain how each activity for wh						-646
V	exempt purposes (other than by	orovidina funds for s	such nurna	ses)	ibuteu iiriporta	may to the accomplishment	of the organization's
93A	CHARGES TO COOR				DOMATA	NAME DECISE	DV
93B	CHARGES TO COOR					S REGISTRY	<u>VI</u>
	ANNUAL CHARGES	TO FNTTTT	FC FO	D ACCDEDIO	DAMICN	VC DECICEDAD	
93D	ONE TIME CHARGE						<u>S</u>
עכע	ONE TIME CHARGE	TO ENTIT.	IES T	O PROCESS	APPLIC	ATIONS	
Part IX	Information Regardi	ing Taxable Su	ıbsidiari	es (Complete this l	Part if the "Yes	" box on 88 is checked.)	
Name, add	fress, and employer identification	Percentage of	Nat	of business activi	41	P-1-1.	End-of-year
numbei	r of corporation or partnership	ownership interest	IVAL	ure of business activi	ties	Total income	assets
	N/A	%					
		%		· · · · · · · · · · · · · · · · · · ·			
	, ·	%					
*****	_/	%				1	
—	Under cenalties of perjury, I declare		return, inclu	ding accompanying sche	dules and statem	center and to the heat of my length	dadas and balles is to be
Please	Under penalties of perjury, I declare correct, and complete. Declaration of	of preparer (other than offi	icer) is based	on all information of which	ch preparer has a	ny knowledge. (Important: See G	riedge and belier, it is true, eneral instruction U.)
Sign	To Car		1	12 T 2 . 1			
Here	Signature of officer			13 June 2003	Lou-		LE PRESIDENI
	 		1	Date		nt name and title	
	Preparer's	6. 1	1 1 4 .		Date, ;	Check if self-	Preparer's SSN or PTIN
Paid	lainmakusa 🐷 1/4/4 lili		ـــا/ل	7			
	signature les fin	my M.	<i>]</i> /\&		6/3/0	3 employed ▶	
Preparer's	Firm's name for yours BAE			RG, CPA'S	· · · · · · · · · · · · · · · · · · ·		
	Firm's name (or yours / BKE1 if self-employed) 455	1/GLENCOE	AVE.,	SUITE 24	· · · · · · · · · · · · · · · · · · ·	3 employed ▶ □	
Preparer's Use Only	Firm's name for yours BAE	1/GLENCOE	AVE.,	SUITE 24	· · · · · · · · · · · · · · · · · · ·	3 employed ▶ □	90292
Preparer's	Firm's name (or yours / BKE1 if self-employed) 455	1/GLENCOE	AVE.,	SUITE 24	· · · · · · · · · · · · · · · · · · ·	3 employed EIN	90292 Form 990 (1999)