# Form **990-EZ**

Department of the Treasury

Internal Revenue Service

## **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		e 2013 calendar year, or tax year beginning and ending				
В	Check if applicat	C Name of organization	T	D Emp	loyer id	dentification number
	Addr	ess change	- 1	20.00	F02 1900	10 10 10 10 10 10 10 10 10 10 10 10 10 1
	Nam	e change Internet Commerce Association	20-5466377			
	Initia	Number and street (or P.O. box, if mail is not delivered to street address)  Room/su	E Telephone number			
	Term	inated 1155 F Street NW 1050	2025598597			
	Ame	City or town, state or province, country, and ZIP or foreign postal code		F Gro	up Exer	nption
	Applic	ation pending Washington, DC 20004		Nur	nber 🕨	
		nting Method: X Cash	_	<b>H</b> Che	ck 🕨	if the organization is <b>not</b>
		te: ▶ internetcommerce.org		req	uired to	attach Schedule B
J	Tax-ex		527	(Fo	ını 990,	990-EZ, or 990-PF).
K	Form o	f organization: X Corporation Trust Association Other				
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (	SID.			
		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			> \$	163,494.
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the it	- 10			20.254
_		Check if the organization used Schedule O to respond to any question in this Part I				<u>X</u>
	1	Contributions, gifts, grants, and similar amounts received			1	162,882.
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory 5a				
	b	Less; cost or other basis and sales expenses 5b				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
ae	6	Gaming and fundraising events				
	а	Gross income from gaming (attach Schedule G if greater than				
Revenue		\$15,000) 6a				
3e	b	Gross income from fundraising events (not including \$ of contributions				
_		from fundraising events reported on line 1) (attach Schedule G if the sum of such				
		gross income and contributions exceeds \$15,000) 6b				
	C	Less; direct expenses from gaming and fundraising events 6c				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	<del></del>
	7a	Gross sales of inventory, less returns and allowances 7a			5	
	b	Less; cost of goods sold				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule 0) See Schedule			8	612.
_	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		•	9	163,494.
	10	Grants and similar amounts paid (list in Schedule 0)			10	
	11	Benefits paid to or for members			11	
ses	12	Salaries, other compensation, and employee benefits			12	100 056
ens	13	Professional fees and other payments to independent contractors			13	129,056.
Expenses	14	Occupancy, rent, utilities, and maintenance			14	22
	15	Printing, publications, postage, and shipping			15	33.
	16	Other expenses (describe in Schedule 0)  See Schedule 0			16	20,975.
_	17	Total expenses. Add lines 10 through 16			17	150,064.
ts	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	13,430.
SSe	19	Net assets or fund balances at beginning of year (from line 27, column (A))			10	EE 040
Net Assets	00	(must agree with end-of-year figure reported on prior year's return)			19	55,040.
ž	20	Other changes in net assets or fund balances (explain in Schedule 0)			20	68,470.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	****		21	Form <b>990-F7</b> (2013)

Page 2

Pa	ırt II	Balance Sheets (see the instructions for Part II)					
		Check if the organization used Schedule O to resp	oond to any question	in this Part II			
				) Beginning of year	1	(B) E	nd of year
22	Cash.	savings, and investments		55,040.	22		68,470
23		and buildings		•	23		•
24	Other	assets (describe in Schedule O)	******************************		24		
25				55,040.			68,470
26	Total	assets liabilities (describe in Schedule O)		0.	26		00,170
				55,040	1,000	_	68,470
27		ssets or fund balances (line 27 of column (B) must agree with line 21)  Statement of Program Service Accomplishmer			2/	F	
Pa	irt III		,	,	Х		rpenses for section
		Check if the organization used Schedule O to response	oond to any question	in this Part III	Λ	501(c)(3)	and 501(c)(4)
Wha	t is the c	organization's primary exempt purpose? See Schedule O	<u>V</u>				ons and section
		ganization's program service accomplishments for each of its three largest program s		. In a clear and concise		for others.	) trusts; optional
		be the services provided, the number of persons benefited, and other relevant inform	nation for each program title.				5
28	See	Schedule O					
					_		
	(Grants	\$ ) If this amount includes foreign g	grants, check here	<b>&gt;</b>		28a	
29	3						
	(Grants	\$ ) If this amount includes foreign g	rants, check here			29a	
30		V. 1890 - S					
				, ,			
	(Grants	\$ ) If this amount includes foreign g	rants, check here			30a	
31	Other p	program services (describe in Schedule O)	A				
	(Grants			9235		31a	
32	Total p	rogram service expenses (add lines 28a through 31a)			•	32	
	rt IV		mployees (list each one ev	en if not compensated - s	ee the	instructions f	or Part IV)
		Check if the organization used Schedule O to response	ond to any question	in this Part IV			
			(b) Average hours	(c) Reportable		alth benefits,	(e) Estimated
		(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	contr	ributions to byee benefit	amount of other
			position	(if not paid, enter -0-)	plans,	and deferred	compensation
Je	remi	ah Johnston			-	ponounon	1,77
		dent, Chairman	5.00	0.		0.	О.
		ohen	3,100				
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Pa	ort V Other Information (Note the Schedule A and personal benefit contract statement requirement			
	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part	V	X
		10124	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	-5771		reties
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			04155
	on lines 2, 6a, and 7a, among others)?	35a	L.,	X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax	E-Market a		
	requirements during the year? If "Yes," complete Schedule C, Part III	35c	Х	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	205		
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0	-		
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
20	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	-		
	Gross receipts, included on line 9, for public use of club facilities	-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			
D	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?	401	N/	_
	If "Yes," complete Schedule L, Part I	40b	IN/	A
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
-	organization N/A			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40-		х
44	transaction? If "Yes," complete Form 8886-T	40e		Δ
41	List the states with which a copy of this return is filed ► None  The organization's books are in care of ► ESCROW. COM  Telephone no. ► 949-63	35_3	200	
42 a	Located at > 30318 ESPERANZA, Rancho Santa Margarita, CA ZIP+4 >			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	200	0	- 13
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	204	42b	103	X
	If "Yes," enter the name of the foreign country:	720		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		х
,	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
				- 155
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X
000		Form 9	90-EZ	(2013)

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								Yes	No	
	organization engage, directly or indirectly, in pol			2000	874				v	
	complete Schedule C, Part I Section 501(c)(3) organizations						46		X	
Part VI	All section 501(c)(3) organizations must a	1 POST 10 TO	10b and 52 and	d complete	the tables for line	o 50 and 51				
	Check if the organization used Schedule	GIN DO SANCTOCKEN DE SECONO DE BATTERIO E PARTICIO		The state of the s						
	offect if the organization used schedule	O to respond to any	question in this	rait vi			*******	Yes	No	
47 Did the c	organization engage in lobbying activities or hav	e a section 501(h) elect	ion in effect durin	g the tax ve	ar? If "Yes." complete	Sch. C. Part II	47	1.00		
	ganization a school as described in section 170			_			48			
	organization make any transfers to an exempt n						49a	ië .		
	was the related organization a section 527 orga						49b	6		
	e this table for the organization's five highest co						ach re	eceived	more	
than \$10	than \$100,000 of compensation from the organization. If there is none, enter "None."									
	(a) Name and title of each employee		(b) Average		(c) Reportable	(d) Health benefi	· · · · · · · ·	(e) Estim		
	997 <b>•</b> 9		per week dev		compensation (Forms W-2/1099-MISC)	employee benef	it an	nount of compens		
	N/A	<b>L</b> o	positio		~~	compensation		ompens	allon	
9										
1										
					<b>9</b> *		_			
					V		+			
			4				_			
	mber of other employees paid over \$100,000 e this table for the organization's five highest co	mpopostod indopondon		anoh ranais	and more than \$100	000 of company	ation	from the	0	
	tion. If there is none, enter "None." $N/A$		t contractors with	each recen	veu more man \$ 100,	ooo or compens	sauon	nom un	3	
	Name and business address of each independe			(h)	Type of service	(c)	Comr	pensatio	n	
- (α)	value and business address of each independe	III contractor		(6)	1 y p o o i 3 o i v i o o	(0)	John	Jonoacio		
-			-							
		.00								
		1								
	-	17								
is .	. ^									
		<b>&gt;</b>								
d Total nui	mber of other independent contractors each red	ceiving over \$100,000			▶					
52 Did the d	organization complete Schedule A? Note. All se	ction 501(c)(3) organiza	tions and 4947(a	)(1) nonexe	mpt			0.2		
	e trusts must attach a completed Schedule A	************************				<b>&gt;</b> [		Yes _	No	
Declaration of pr	of perjury, I declare that I have examined this return, inc eparer (other than officer) is based on all information of v	which preparer has any know	ules and statements. /ledge.	and to the be	est of my knowledge and	beller, it is true, co	orrect, a	and comp	lete.	
Sign	Signature of officer	1, 72				Date				
Here	Jeremiah Johnston,	President								
	Print/Type preparer's name	Preparer's signature		Date	Check	_ if   PTIN				
Paid	L.,				self- emplo	5				
Preparer	Robert D. Milburn	<u></u>				The second secon		1150		
Use Only	Firm's name ▶ Hertzbach &	Company, P	.A.			▶52-11				
-	Firm's address ▶ 1530 Wilson		te 700		Phone no.	703-35	<u>1 - (</u>	6600		
	Arlington,						17	· -	1	
May the IRS d	iscuss this return with the preparer shown above	ve? See instructions					ΧV		No	
							Form	990-EZ	(2013)	

### SCHEDULE C (Form 990 or 990-EZ)

### **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.
 ► Information about Schedule C (Form 990 or 990-EZ) and its

2013

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

instructions is at www.irs.gov/form990.

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

			rganiza	tions: Complete Part III.			
Nan	ne of orga				AT 1500 KG	E	mployer identification numbe
				t Commerce Assoc			20-5466377
Pa	ırt I-A	Complete if t	he org	janization is exempt und	er section 501(c)	or is a section 52	27 organization.
2	Political	expenditures		zation's direct and indirect politic			
3	Voluntee	er hours					
Pa	rt I-B	Complete if t	he ord	ganization is exempt und	er section 501(c)(	3).	
1	Enter the			incurred by the organization und			▶\$
				incurred by organization manage			
				n 4955 tax, did it file Form 4720			
						The transfer of the second state of the second	
b	If "Yes."	describe in Part IV.					
Pa	rt I-C	Complete if t	he org	janization is exempt und	er section 501(c),	except section 5	501(c)(3).
1	Enter the	e amount directly ex	xpende	d by the filing organization for se	ction 527 exempt funct	ion activities	▶\$
2	Enter the	e amount of the filin	g organ	ization's funds contributed to ot	her organizations for se	ection 527	26.00
	exempt	function activities					<b>▶</b> \$
3				s. Add lines 1 and 2. Enter here a			
	line 17b						<b>▶</b> \$
4	Did the f	iling organization fil	e <b>Form</b>	1120-POL for this year?			Yes No
5	Enter the	e names, addresses	s and er	nployer identification number (El	N) of all section 527 po	litical organizations to	which the filing organization
				tion listed, enter the amount paid			
				omptly and directly delivered to			eparate segregated fund or a
	political	action committee (F	PAC). If	additional space is needed, prov	ride information in Part	IV.	
		(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization funds. If none, enter	's contributions received and promptly and directly delivered to a separate
							political organization. If none, enter -0
15							

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

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#### 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 Exper	nditures During 4-Yea	ar Averaging Period	1-4	
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	(e) Total
2a Lobbying nontaxable amount	1.0				
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures	('0'				
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditure	s				

Schedule C (Form 990 or 990-EZ) 2013

No

g Grassroots nontaxable amount (enter 25% of line 1f)
 h Subtract line 1g from line 1a. If zero or less, enter -0-

reporting section 4911 tax for this year?

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

# 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)).

For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description (a)		)	(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)(	5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			X	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), secti				i .
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	No, OF	(b) Par	ı III-A, III	ie o, is
-			1	163	2,270.
1	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		··· ⊨∸	102	1,270.
2	expenses for which the section 527(f) tax was paid).	Cai			
•	Current year		2a		9,900.
b					3,474.
	Total				3,374.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				1,341.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exceeds the amount on line 3, what portion of the exceeds the				.,
1,50	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		0.
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, line 2; a	nd Part II-E	I, line 1.
	complete this part for any additional information.	••			
	500000 - 45000 30-45000 50-4500 45-5500 54-5500 54-5500 50-55000 50-5500 50-5500 50-5500 50-5500 50-5500 50-5500 50-5500 50-55				

#### SCHEDULE O (Form 990 or 990-EZ)

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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Internet Commerce Association

Employer identification number 20-5466377

Form 990-EZ, Part I, Line 8, Other Revenue:	
Description of Other Revenue:	Amount:
Misc Income	612.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
Association membership	4,998.
Bank Fees	104.
PayPal Fees	474.
Internet	20.
Legal travel expense	15,129.
Franchise Taxes	250.
Total to Form 990-EZ, line 16	20,975.
	a
Form 990-EZ, Part III, Primary Exempt Purpose - ICA's mission is	to
promote the value and benefit of internet traffic.	
Form 990-EZ, Part III, Line 28, Program Service Accomplishments:	
THE INTERNET COMMERCE ASSOCIATION IS A BUSINESS	
ORGANIZATION MADE UP OF INDIVIDUALS AND COMPANIES THAT	
OWN, BUY, SELL, RESELL, AND MANAGE INTERNET TRAFFIC WHICH	
COMES FROM SEARCH ENGINES, DOMAIN NAMES AND INTERNET LINKS. ICA'	S
MISSION IS TO PROMOTE VALUE AND	
BENEFITS OF INTERNET TRAFFIC, INCLUDING THE VALUE BUYING DIRECT	;
NAVIGATION TRAFFIC, ON BEHALF OF ITS MEMBERSHIP, THE MEDIA, THE	
ADVERTISING MARKET, GOVERNMENT AND REGULATORY AUTHORITIES AROUND	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 9 332211 09-04-13	990 or 990-EZ) (2013)

#### 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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Internet Commerce Association

**Employer identification number** 20-5466377

WORLD. ICA STANDS FOR PROSPERITY AND ENTREPRENEURSHIP WITHIN THE
INTERNET AND FAIRNESS AMONG REGULATORS, THE DISPUTE RESOLUTION
PROCESS, THE TAX CODE AS WELL AS OTHER UNITED STATES AND
INTERNATIONAL LAWS.
Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:
The organization did not, during the year, receive any funds, directly,
or indirectly, to pay premiums on a personal benefit contract.
The organization, did not, during the year, pay any premiums, directly,
or indirectly, on a personal benefit contract.
10
X.0.

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If you are filing for an Additional (Not Automatic) 3-Month	Extension, o	complete only Part II and check this	box			
Note. Only complete Part II if you have already been granted a						
If you are filing for an Automatic 3-Month Extension, com						
Part II Additional (Not Automatic) 3-Month	n Extensio	n of Time. Only file the origin	al (no c	opies ne	eded).	
		Enter filer's	identifyii	ng numbe	r, see instructions	
Type or Name of exempt organization or other filer, see ins	structions.		Employe	r identifica	ticn number (EIN) or	
print						
File by the Internet Commerce Associat	ion			20-5466377		
due date for filling your return. See 1155 F Street NW, No. 1050		tions.	Social se	curity nun	nber (SSN)	
instructions. City, town or post office, state, and ZIP code. For Washington, DC 20004	a foreign add	dress, see instructions.				
	tes.				01	
Enter the Return code for the return that this application is for	(lile a separa	te application for each return)				
Application	Return	Application			Return	
ls For	Code	Is For			Code	
Form 990 or Form 990-EZ	01					
Form 990-BL	02	Form 1041-A			08	
Form 4720 (individual)	03	Form 4720 (other than individual)	09			
Form 990-PF	04	Form 5227	10			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already gran	ted an autor	natic 3-month extension on a prev	iously file	ed Form 8	368.	
• The books are in the care of ▶ 30318 ESPERAN Telephone No. ▶ 949-635-3899	IZA – R		ita,	CA 92	688	
<ul> <li>If the organization does not have an office or place of busing</li> </ul>	-	Fax No.   sited States about this have			<b>.</b> —	
<ul> <li>If this is for a Group Return, enter the organization's four di</li> </ul>						
. 🗖		ch a list with the names and EINs of				
box ►		ber 15, 2014	all mem.	ers trie ex	terision is ior.	
5 For calendar year 2013, or other tax year beginning	110 1011	, and ending	a .			
6 If the tax year entered in line 5 is for less than 12 month.	s chack roas		Final r	oturn		
Change in accounting period	5, 5, 500, 1500	on milarotan		otani		
7 State in detail why you need the extension See S	tateme	nt 1				
8a If this application is for Forms 990-BL, 990-PF, 990-T, 47	20, or 6069,	enter the tentative tax, less any				
nonrefundable credits. See instructions.			8a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 60	069, enter an	y refundable credits and estimated				
tax payments made. Include any prior year overpaymen	t allowed as a	a credit and any amount paid				
previously with Form 8868.			8b	\$	0.	
C Balance due. Subtract line 8b from line 8a. Include your	payment wit	th this form, if required, by using				
EFTPS (Electronic Federal Tax Payment System). See in	structions.		8c	\$	0.	
		st be completed for Part II o	nly.			
Under penalties of perjury, I declare that I have examined this form, incit is true, correct, and complete, and that I am authorized to prepare the street of the street		panying schedules and statements, and to	the best o	f my knowl	edge and belief,	
Signature ▶ Title ▶	► CPA		Date	<b>&gt;</b>		

Form 8868 (Rev. 1-2014)

1

Form 8688

Explanation for Extension

Statement

Explanation

An attempt to obtain information necessary for filing a return was requested in a timely fashion, but the information was not furnished in sufficient time to permit the timely filing of the return, or the taxpayer personally visited an IRS office for the purpose of securing information or advice and was unable to meet with an IRS representative

