Extended to November 15, 2017

Form **990-EZ**

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)

2016

OMB No. 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service 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.

A	For the	e 2016 calendar year, or tax year beginning	and ending						
	Check if		_	D E	mplover id	lentification number			
		ess change Internet Commerce Association							
F		C/O Malanca Noff Holinhaan II C		20-5466377					
F						E Telephone number			
F	□Final	return/ nated 2 Research Place	310		202-5	559-8597			
F	_	City or town, state or province, country, and ZIP or foreign postal code		F (Group Exen				
		ation pending Rockville, MD 20850			Number >	•			
G		nting Method: X Cash Accrual Other (specify) ▶		Н (Check	if the organization is			
		te: internetcommerce.org		- 1		to attach Schedule B			
J	Tax-ex	tempt status (check only one) $=$ 501(c)(3) \times 501(c) (6) $<$ (insert notes	o.) 4947(a)(1) or	527 ((Form 990,	990-EZ, or 990-PF).			
		f organization: Corporation Trust X Association	Other			,			
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,00	00 or more, or if total assets (F	Part II,					
	columr	n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Form			> \$	185,611.			
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fo	und Balances (see the i	nstructio	ons for Part	1)			
		Check if the organization used Schedule O to respond to any question in this Pal	tl			X			
	1	Contributions, gifts, grants, and similar amounts received			1	178,421.			
	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						
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5	ia)		. 5c				
	6	Gaming and fundraising events							
ē	a	Gross income from gaming (attach Schedule G if greater than							
Revenue		\$15,000)	6a						
3ev	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	1 1						
		gross income and contributions exceeds \$15,000)							
	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			. 6d				
	I .	Gross sales of inventory, less returns and allowances							
	b	Less: cost of goods sold	7b						
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	Coo Cabodulo	·······	7c	7 100			
	8	Other revenue (describe in Schedule 0)			. 8	7,190. 185,611.			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	103,011.			
	10	Grants and similar amounts paid (list in Schedule 0)							
"	12	Benefits paid to or for members Salaries, other compensation, and employee benefits			. 11				
Expenses	13	Professional fees and other payments to independent contractors				138,991.			
oeu	14	Occupancy, rent, utilities, and maintenance			14	130,331.			
Ä	15				15				
	16	Printing, publications, postage, and shipping Other expenses (describe in Schedule 0)	See Schedule	 O	16	14,279.			
	17				17	153,270.			
_	18	5 (1.5.3)(1.11(0.111547.(1.150)			10	32,341.			
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))			. 10	,			
4ss		(must agree with end-of-year figure reported on prior year's return)			19	91,875.			
Net Assets	20	Other shapes in not construct on fined haloness (somble in Ochodula O)			- 00	0.			
Z	21				21	124,216.			
_	1	or raina balanese at ond or your combine illies to tillough 20			- 1				

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)

	m 990-EZ (2016) C/O Taksey Neff Feinberg	ггс	-	<u> </u>	·54663	77 Page
Pá	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	ond to any questi				
			(A) Beginning of year			nd of year
22	Cash, savings, and investments		91,875	• 22		124,216
23	•			23	+	
24	Other assets (describe in Schedule 0)			24		101 016
25			91,875		+	124,216
26	/		0	- -0		0
27			91,875	• 27		124,216
Pa	art III Statement of Program Service Accomplishme	•	,			(penses for section
	Check if the organization used Schedule O to res	ond to any questi	on in this Part III	X		and 501(c)(4)
Wha	at is the organization's primary exempt purpose? See Schedule C				organizati	ons; optiònal for
manı	cribe the organization's program service accomplishments for each of its three largest program ner, describe the services provided, the number of persons benefited, and other relevant inform		nses. In a clear and concise		others.)	
28	See Schedule O					
	(Grants \$) If this amount includes foreign g	rants, check here	>		28a	
29						
	(Grants \$) If this amount includes foreign g	rants, check here	>		29a	
30						
	(Grants \$) If this amount includes foreign of	rants, check here	>		30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign of	rants, check here	_		31a	
32	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	
Pa						
	art IV List of Officers, Directors, Trustees, and Key E			see the	instructions f	or Part IV)
	Check if the organization used Schedule O to res	ond to any questi				
_	Check if the organization used Schedule O to res	oond to any question (b) Average hours	on in this Part IV	(d) He	ealth benefits, ributions to	(e) Estimated
		oond to any questic (b) Average hours per week devoted to	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He cont empl plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Estimated amount of other
	Check if the organization used Schedule O to res	oond to any question (b) Average hours	on in this Part IV (c) Reportable compensation (Forms	(d) He cont empl plans,	ealth benefits, ributions to oyee benefit	(e) Estimated
	Check if the organization used Schedule O to res (a) Name and title eremiah Johnston	(b) Average hours per week devoted to position	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont empl plans,	ealth benefits, ributions to oyee benefit and deferred apensation	(e) Estimated amount of other compensation
Pr	Check if the organization used Schedule O to res (a) Name and title eremiah Johnston resident, Chairman	oond to any questic (b) Average hours per week devoted to	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He cont empl plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Estimated amount of other
Pr Na	Check if the organization used Schedule O to res (a) Name and title eremiah Johnston resident, Chairman at Cohen	(b) Average hours per week devoted to position 4.00	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont empl plans,	ealth benefits, ributions to oyee benefit and deferred appensation	(e) Estimated amount of other compensation
Pr Na Di	Check if the organization used Schedule O to res (a) Name and title eremiah Johnston resident, Chairman at Cohen rector	(b) Average hours per week devoted to position	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont empl plans,	ealth benefits, ributions to oyee benefit and deferred apensation	(e) Estimated amount of other compensation
Pr Na Di Da	Check if the organization used Schedule O to res (a) Name and title eremiah Johnston resident, Chairman at Cohen rector aniel Law	(b) Average hours per week devoted to position 4.00	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) He cont empl plans,	ealth benefits, ributions to oyee benefit and deferred and deferred opensation	(e) Estimated amount of other compensation
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Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each Χ 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended Х documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? X N/A b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b 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 requirements during the year? If "Yes," complete Schedule C, Part III Х 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," 36 X 36 complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? Х 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X 38a in a prior year and still outstanding at the end of the tax year covered by this return? **b** If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 **b** Gross receipts, included on line 9, for public use of club facilities N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A; section 4912 N/A b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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? If "Yes," complete Schedule L, Part I N/A 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed N/A e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed **None** Telephone no. $\triangleright 301-294-1100$ 42a The organization's books are in care of ► Taksey Neff Feinberg LLC ZIP+4 ► 20850 Located at ▶ 2 Research Place, Suite 310, Rockville, b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b X account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? X If "Yes," enter the name of the foreign country: 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/AYes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of 44a Х b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead X 44b X c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a b 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)

Form 990-EZ (2016)

Form 990-EZ (2016)

									Yes	No
		ganization engage, directly or indirectly, in po								
	f "Yes," co	omplete Schedule C, Part I						46		X
Par		Section 501(c)(3) organizations	-	40h and 50 an	مالا مالما مسموما	a kalalaa ƙay liya	- FO and F1			
		All section 501(c)(3) organizations must and Check if the organization used Schedule	•							
		Crieck if the organization used Scriedule	O to respond to any	question in thi	S Fail VI	<u></u>				No
47 [Oid the or	ganization engage in lobbying activities or hav	ve a section 501(h) elect	ion in effect duri	ng the tax vear?	If "Yes." complete	e Sch. C. Part II	47	1.00	1
		anization a school as described in section 170						48		
		ganization make any transfers to an exempt n						49a	ı	
b 1	f "Yes," w	as the related organization a section 527 orga	ınization?					49b)	
		this table for the organization's five highest ${\bf c}$		•	ers, directors, tr	ustees, and key e	mployees) who	each r	received	more
t	han \$100	0,000 of compensation from the organization.	If there is none, enter "N				Len			
		(a) Name and title of each employee		(b) Average per week de		(C) Reportable mpensation (Forms	(d) Health benefit contributions to	۱,۰۰	(e) Estim nount of	
		N/A		per week de positio	voicu io	W-2/1099-MISC)	employee benefi plans, and deferre	٠. ا	compens	
		N/F	7	•			compensation	+	'	
-								+		
								+		
51 (Complete	this table for the organization's five highest con. If there is none, enter "None." ${f N}/{\cal F}$	ompensated independer		o each received	more than \$100,	000 of compens	ation	from the	Э
		ame and business address of each independe			(b) Tvr	oe of service	(c)	Comr	pensatio	 n
					() 31					
d T	Total num	nber of other independent contractors each re	ceiving over \$100,000	I						
		ganization complete Schedule A? Note: All se	-	ations must attac	h a					
C	completed	d Schedule A						\	Yes _	No
Under	penalties	of perjury, I declare that I have examined this	return, including accon	npanying schedu	les and stateme	nts, and to the be	st of my knowle	dge aı	nd belief	, it is
true, c	orrect, an	nd complete. Declaration of preparer (other th	an officer) is based on a	II information of v	which preparer l	nas any knowledg	je.			
		Signature of officer					Date			
Sign Here		·	Di				Date			
Here		Nat Cohen, Executive Type or print name and title	e Director							
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
		1360 brobaror o marrio	. Topal of o dignature		54.0	self- emplo	_			
Paid		Edward Neff	Edward Nef	f	10/24/		·	359	9218	
Prep		Firm's name Taksey Neff					▶ 56-23			
use	Only	Firm's address ▶ 2 Research				Phone no.	/ 2 2 4 \ 2			0
		Rockville,	MD 20850				<u> </u>			
May th	ie IRS dis	scuss this return with the preparer shown abo	ve? See instructions				>	ХΙ	Yes _	No
								Form	990-EZ	(2016)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047
2016

Open to Public Inspection

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

•	(see separate instructions), then				
	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.		F	
Nam	-	t Commerce Associ		Emp	loyer identification number
Da	C/O Tak	sey Neff Feinberg panization is exempt unde	J LLC	y is a section FO7 of	20-5466377
Pa	rt I-A Complete if the org	janization is exempt unde	er section 501(c) (or is a section 527 (organization.
	Provide a description of the organiz				
	Political campaign activity expendit				<u> </u>
3	Volunteer hours for political campai	gn activities			
_					
		ganization is exempt unde			
	Enter the amount of any excise tax				
	Enter the amount of any excise tax				
	If the organization incurred a section				
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				/ \/6\
	rt I-C Complete if the org	<u> </u>		<u> </u>	· /· /
1	Enter the amount directly expended	d by the filing organization for sec	tion 527 exempt functi	on activities > 9	<u> </u>
2	Enter the amount of the filing organ	ization's funds contributed to oth	er organizations for se	ction 527	
	exempt function activities			>	<u> </u>
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL,		
	line 17b			> 9	<u> </u>
4					
5	Enter the names, addresses and en	nployer identification number (EIN	I) of all section 527 pol	itical organizations to whi	ch the filing organization
	made payments. For each organiza	tion listed, enter the amount paid	from the filing organization	ation's funds. Also enter t	he amount of political
	contributions received that were pr	omptly and directly delivered to a	separate political orga	nization, such as a separ	ate segregated fund or a
	political action committee (PAC). If	additional space is needed, provi	de information in Part I	V.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

Internet Commerce Association

Schedule C (Form 990 or 990-EZ) 2016				20-5	466377 Page 2
Part II-A Complete if the org	ganization is ex	empt under section	on 501(c)(3) and fil	ed Form 5768 (e	lection under
section 501(h)).					
A Check ► ☐ if the filing organiza	ation belongs to an a	affiliated group (and list i	n Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and sha	re of excess lobbyir	ng expenditures).			
B Check ► ☐ if the filing organiza	ation checked box A	and "limited control" pr	ovisions apply.		
	its on Lobbying Ex ditures" means am	penditures ounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	luence public opinio	n (grass roots lobbying)			
b Total lobbying expenditures to infl					
c Total lobbying expenditures (add					
d Other exempt purpose expenditur					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ent					
If the amount on line 1e, column (a)		obbying nontaxable am	The state of the s		
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000 \$100	,000 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5		,000 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	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					
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer					
i Subtract line 1f from line 1c. If zer	o or less, enter -0-				
j If there is an amount other than ze	ero on either line 1h	or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
	4-Year	Averaging Period Under	section 501(h)		
(Some organizations t		1 501(h) election do not	=	of the five columns b	elow.
	<u>-</u>	arate instructions for li			
	Lobbying Exp	penditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a 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))					

Schedule C (Form 990 or 990-EZ) 2016

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016 C/O Taksey Neff Feinberg LLC 20-546637 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 6	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)	
of th	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:				
	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
i	Total. Add lines 1c through 1i				
	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?				
	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		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 campaign activity expenditures from t	he prior yea	ır? 3		X
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), secti				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No," O	R (b) Par	t III-A, lir	ne 3, is
	answered "Yes."			1 7 7 7	100
1	Dues, assessments and similar amounts from members		1	178	3,420.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).			1 .	
	Current year			1.5	3,000.
b	Carryover from last year		2b	1.0	2 000
C	Total				3,000.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	26	5,763.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5	- 8	3,763.
Pa	t IV Supplemental Information				
	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	o list); Part l	I-A, lines 1	and 2 (see	
nstr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internet Commerce Association C/O Taksey Neff Feinberg LLC

Employer identification number 20-5466377

Form 990-EZ, Part I, Line 8, Other Revenue:	
Description of Other Revenue:	Amount:
ICA Events	4,820.
Sales of Products	2,309.
Refunds	61.
Total to Form 990-EZ, line 8	7,190.
Form 000 EV Doub T. Line 16 Other European	
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
Association membership	1,730.
Bank fees	145.
PayPal fees	838.
Postage	200.
Franchise taxes	500.
Stationary and printing	406.
Google services	162.
Reimbursed expense	199.
Website expenses	20.
Promotional and Design	3,870.
Insurance	687.
Bookkeeping	505.
Sales tax paid	17.
Event expense	5,000.
Total to Form 990-EZ, line 16	14,279.

Form 990-EZ, Part III, Primary Exempt Purpose - ICA's mission is to

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

Schedule O (Form 990 or 990-EZ) (2016)

SCHEDULE 0 (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.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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Employer identification number 20-5466377

advocate for the rights and interests of domain name owners and related
service providers.
Form 990-EZ, Part III, Line 28, Program Service Accomplishments:
Advocacy, engagement and participation in ICANN's policy
making process through the Business Constituency. Advocacy
and engagement with the legislative process. Education and
advocacy through online publications and in-person participation at
industry events. The ICA believes that its work benefits all those in
the domain industry - those who own or monetize domain names as a
business asset or provide domain name related services or tools.
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.