



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
 ► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning

OCT 01, 2008, and ending

SEP 30, 2009

B Check if applicable

Address change

Name change

Initial return

Termination

Amended return

Application pending

 Please use IRS label or print or type
 See Specific Instructions

 C Name of organization, number and street, city, town, state, and ZIP code
 CLOCKSS DIGITAL DISTRIBUTED
 COMMUNITY ARCHIVE
 1450 PAGE MILL ROAD
 PALO ALTO CA 94304-

D Employer identification number

26-3098051

E Telephone number

650-969-8565

F Group Exemption Number ►

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

 G Accounting method Cash Accrual
 Other (specify) ►

I Website: ►

 H Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 673,134.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

(See the instructions)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 671,659.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 1,475.
	5 a Gross amount from sale of assets other than inventory	5 a
	b Less cost or other basis and sales expenses	5 b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5 c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming , check here ►	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6 a
	b Less direct expenses other than fundraising expenses	6 b
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6 c
	7 a Gross sales of inventory, less returns and allowances	7 a
	b Less cost of goods sold	7 b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c
	8 Other revenue (describe ►)	8
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 673,134.
Expenses	10 Grants and similar amounts paid (attach schedule)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 280,768.
	14 Occupancy, rent, utilities, and maintenance	14 13,128.
	15 Printing, publications, postage, and shipping	15 495.
	16 Other expenses (describe ► SEE STMT)	16 10,476.
	17 Total expenses Add lines 10 through 16	17 304,867.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 368,267.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19
	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 368,267.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22	368,267.
23 Land and buildings	23	
24 Other assets (describe ►)	24	
25 Total assets	25	368,267.
26 Total liabilities (describe ►)	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	368,267.

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form 990-EZ (2008)

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37b	X
b Did the organization file Form 1120-POL for this year?	38a	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	X
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► CA		
42a The books are in care of ► JANET GUNS Telephone no ► 650-969-8565 Located at ► 1221 PATLEN DRIVE CA LOS ALTOS ZIP + 4 ► 94024-		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country ► _____		
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.? If "Yes," enter the name of the foreign country ► _____	42c	X
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 ► 43 _____		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2008)

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46 - 49 and complete the tables for lines 50 and 51

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization(s) a section 527 organization?	49b	
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 ►		

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 officer) is based on all information of which preparer has any knowledge			
	► <i>Victoria Ann Reich</i>	01/15/2009	Date	
	Signature of officer	VICTORIA REICH		
	SECRETARY			
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ►	Preparer's Identifying No (See instr)
	<i>Victoria Ann Reich</i>	11/04/2009	<input type="checkbox"/>	458-66-3552
	Firm's name (or yours if self-employed), address, and ZIP + 4	AMERICAN BUSINESS & FINANCIAL SER		EIN ► 77-0014056
	3130 LA SELVA STREET 104		Phone no ► 650-377-0789	
	SAN MATEO CA 94403-2190		► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
May the IRS discuss this return with the preparer shown above? See instructions				

Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► See separate instructions.

Name of the organization

CLOCKSS DIGITAL DISTRIBUTED

Employer identification number

26-3098051

Part I Reason for Public Charity Status

(All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)						
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) (Attach Schedule H)						
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state _____						
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)						
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete the Support Schedule in Part II)						
8	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)						
9	<input checked="" type="checkbox"/>	An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Complete Part III.)						
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4) (see instructions)						
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h						
e	a <input type="checkbox"/>	Type I	b <input type="checkbox"/>	Type II	c <input type="checkbox"/>	Type III - Functionally integrated	d <input type="checkbox"/>	Type III - Other
e	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than founders, managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)							
f	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box							
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?							
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?							
	(ii) A family member of a person described in (i) above?							
	(iii) A 35% controlled entity of a person described in (i) or (ii) above?							
h	Provide the following information about the organizations the organization supports							
	11g(i)							
	11g(ii)							
	11g(iii)							

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

Total

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11 and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00	%

19a 33 1/3 % support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization ►

b 33 1/3 % support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Detail Sheet

2008

Name: CLOCKSS DIGITAL DISTRIBUTED

ID: 26-3098051

Description: PART LLL LINE 28

Detail Sheet

2008

Name: CLOCKSS DIGITAL DISTRIBUTED

ID: 26-3098051

Description: PART L LINE 13

US 990	Other Expenses	2008		
Description	Expenses per books	Net investment income	Adjusted net income	Charitable purposes
BANK CHARGES	171.			171.
SUPPLIES	70.			70.
TELEPHONE	353.			353.
TRAVEL	7,393.			7,393.
EQUIPMENT	2,489.			2,489.
	10,476.			10,476.

2008

**List of Officers, Directors, Trustees and Key Employees
990EZ: Page 2 Part IV; 990-PF: Page 6, Part VIII**

US

Name and Address	Title/Average Hours Per Week Devoted to Position	Amount Paid	Amount for Employee Benefit Plan	Expense Account and Other Allowances					
				CEO	EX	DIR	CEO	EX	DIR
MICHAEL KELLER 1450 PAGE MT 94304-CA	PALO ALTO			TR	EX	DIR	TR	EX	DIR
GORDON TIBBETT 1450 PAGE MI 94304-CA	PALO ALTO			SEC	EX	DIR	SEC	EX	DIR
GENEVA HENRY 1450 PAGE MI 94304-CA	PALO ALTO			DIRECTOR			DIRECTOR		
VICTORIA REICH 1450 PAGE MI 94304-CA	PALO ALTO			DIRECTOR			DIRECTOR		
IAN BANNERMAN 4 PK SQ NILT ABINGDON EN	ABINGDON EN			DIRECTOR			DIRECTOR		
CRAIG VAN DYCK 111 RIVER ST 07030-NJ	HOBOKEN			DIRECTOR			DIRECTOR		
HEATHER STAINER 11 W 42ND ST 10036-NY	NEW YORK			DIRECTOR			DIRECTOR		
HOWARD RATNER 75 VARICK ST 10013-NY	NEW YORK			DIRECTOR			DIRECTOR		
JUDITH BARNSBY DIREC HOUSE PO BOX 40011 22904-VA	BRISTOL EN			DIRECTOR			DIRECTOR		
MARTHA SITES 1320 EAST 10 47405-IN	CHARLOTTESV			DIRECTOR			DIRECTOR		
CAROLYN WALTER 2ND FL 5 BUC 1320 EAST 10 47405-IN	BLOOMINGTON			DIRECTOR			DIRECTOR		
PETER BURNHILL 2ND FLOOR 5 BUC 1320 EAST 10 47405-IN	EDINBURGH E			DIRECTOR			DIRECTOR		
VIC ELLIOT ASTRAL UNI 2112 CHI 360 PK AVE S 10010-NY	ACT AUSTRAL			DIRECTOR			DIRECTOR		
JUN ADACHI NII 212 CHI 360 PK AVE S 10010-NY	TOKYO JAPAN			DIRECTOR			DIRECTOR		
KAREN HUNTER 2455 TELLER 91320-CA	NEW YORK			DIRECTOR			DIRECTOR		
CAROL RICHMAN 6565 KIGOOR 43017-OH	THOUSAND OA			DIRECTOR			DIRECTOR		
CHIP NIGLES U OF ALBERT OXFORD U 00610-IL	DUBLIN			DIRECTOR			DIRECTOR		
ERNIE INGLES OXFORD U 00610-IL	EDMONTON C			DIRECTOR			DIRECTOR		
ANNA BAILEY OXFORD U 00610-IL	OXFORD UK			DIRECTOR			DIRECTOR		
RICHARD NEWMAN AMER PHY SOC 10016-NY	CHICAGO			DIRECTOR			DIRECTOR		
RITA SCHEMAN NY PUBLIC LI 10016-NY	M D BETHESSDA			DIRECTOR			DIRECTOR		
VICTORIA STEEL U OF HONG KO POK FU LAM	NEW YORK			DIRECTOR			DIRECTOR		
TONY FERGUSON U OF HONG KO POK FU LAM	POK FU LAM			DIRECTOR			DIRECTOR		