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# Form **990**

Department of the Treasury Internal Revenue Service

# **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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

		and and late		C Name of organization	and ending 12-31-200	J <del>9</del>	D Employer	identification number			
_	eck if ap fress cha	oplicable Please use IRS	5	CREATIVE COMMONS CORPORATION			04-3585	301			
_	me char	label or print o	r	Doing Business As			E Telephone				
_	al retur	type. S		Number and street (or P O box if mail is	not delivered to street addr	occ) Doom/cu	(415) 36	9-8480			
– Ter	mınated	Instructions.	c-	171 SECOND STREET	Thot delivered to street addition	C33) ROOM, 3d	<b>G</b> Gross recei	ots \$ 2,490,646			
– Am	ended r	eturn		City or town, state or country, and ZIP +	4						
- Арр	olication	pending		SAN FRANCISCO, CA 94105							
		F	Nar	ne and address of principal officer		<b>H(a)</b> Is	this a group ret	urn for			
							filiates?	⊤Yes 🔽 No			
						H(b) Ar	e all affiliates incl	uded?			
					_	1 ' '		st (see instructions)			
Та	x-exem	pt status <b> ✓</b> 50	)1(c	) ( 3 ) ◀ (insert no )	527	<b>H(c)</b> G	roup exemption	number 🟲			
W	ebsit e	: - www.creati	vec	ommons org							
	_	janization 🔽 Corp	ora	tion Trust Association Other ►		<b>L</b> Year o	f formation 2002	M State of legal domicile MA			
Pa	rt I	Summary									
	I	•		e organization's mission or most sig icational purposes within the meanin		of the IRC.	ıncludına, but no	ot limited to, designing			
?				nologies that facilitate sharing of sci							
ao remiantos											
2	2	Check this box	M	if the organization discontinued its	operations or disposed	d of more th	an 25% of its ne	et assets			
) 5	3	Number of votir	ng i	nembers of the governing body (Part	t VI, line 1a)			312			
			_	ndent voting members of the governi				412			
				mployees (Part V, line 2a)				<b>5</b>			
2	6	Total number o	fvc	olunteers (estimate if necessary) .				6 23			
•	7a	Total gross unr	ela	ted business revenue from Part VIII			7a				
	b	Net unrelated b	us	ness taxable income from Form 990	-T, line 34			7b			
						F	Prior Year	Current Year			
a.	8	Contributions	an	d grants (Part VIII, line 1h)			10,468,988	2,449,546			
Revenue	9	Program servi	се	revenue (Part VIII, line 2g)			0				
946	10			me (Part VIII, column (A), lines 3, 4		14,806	763				
_	11		•	art VIII, column (A), lines 5, 6d, 8c		34,831	40,337				
	12			dd lines 8 through 11 (must equal P	ne	10,518,625	2,490,646				
	13			ar amounts paid (Part IX, column (A		, ,	0				
	14			or for members (Part IX, column (A),	•			0			
	15	Salaries, othe	rco	ompensation, employee benefits (Pa	rt IX, column (A), lines	5 –					
\$		10)					2,185,394	2,160,788			
Expenses	16a			raising fees (Part IX, column (A), lir				0			
ភ្ម	Ь	-		enses (Part IX, column (D), line 25) • 326,2							
	17	-		(Part IX, column (A), lines 11a–11d		·	1,338,874 1,240				
	18			Add lines 13-17 (must equal Part I)			3,524,268	· · ·			
ı gy	19	kevenue less	ex	penses Subtract line 18 from line 12	4	Rogin	6,994,357 ning of Current				
net Assers or Fund Balances						begini	Year	End of Year			
3.E	20	Total assets (	(Pa	rt X, line 16)			8,727,747	7,862,079			
7	21	Total liabilitie	s (l	Part X, line 26)			130,499	170,264			
2 2	22	Net assets or	fur	d balances Subtract line 21 from lir	ne 20		8,597,248	7,691,815			
Pai	rt II	Signature									
				erjury, I declare that I have examined this re correct, and complete Declaration of prepar							
		l					•	·			
ign		*****	66				10-05-07				
ler	5	Signature of o				Da	ate				
		MICHAEL LINK Type or print		AYER Vice President ne and title							
		<b>     </b>	1		Data	Charle of	Duna =	ntifung purchas			
		Preparer's BR	UCI	E J WRIGHT	Date	Check if self-	(see instruction	ntifying number ons)			
aid	,,,,,					empolyed 🕨	<u> </u>				
•	arer's Only	Firm's name (or y if self-employed),		Good & Fowler LLP			EIN 🕨				
, 5E (	וווע	address, and ZIP		262 Grand Avenue			_	(650) 072 762			
				South San Francisco, CA 94080			Phone no 🕨	(650) 872-7600			
1 2 1 4	ha ID	E discuss this r	· + + · ·	rn with the preparer shown above? (	accinctructions\			L Vas L No			

#### Part III Statement of Program Service Accomplishments

ı	Briefly	describe	the	organization's	mission

charitable and educational purposes within the meaning of Section 501(c)(3) of the IRC, including, but not limited to, designing methods and technologies that facilitate sharing of scientific, creative, and other intellectual works with the general public

2	Did the organizat the prior Form 99		ogram services during the year whi		es 🗸 No
	If "Yes," describe	e these new services on Schedu	e O		
3		ion cease conducting, or make :	significant changes in how it condu		'es  No
	If "Yes," describe	these changes on Schedule O			
4	Section 501(c)(3	3) and 501(c)(4) organizations a	each of the organization's three larg and section 4947(a)(1) trusts are r venue, if any, for each program serv	equired to report the amount	
4a	(Code	) (Expenses \$	2,552,537 including grants of \$	) (Revenue \$	)
	license took a quant of Wikipedia and ot Way With CC ZeroA waiver that may be possible into the purcontent CCO was e tools and explicitly use of imagery collenew CCO Protocol CCOmmons license ATaskforce announce datasets from more InternationalCreative Jordan). It has deven	atum leap in 2009 when the Wikipedia of ther Wikimedia sites to the Creative Counter extensive consultations with copyrights of the extensive consultations with copyrights of the extensive consultations with copyrights of the extension of the properties of the extension of the	kipedia Officially Converts to CC BY-SAIThe community and the Wikimedia Foundation immons Attribution Share Alike license (CC ight experts around the globe, Creative Cotty surrender the copyright and database in its reserved" option CC0 is universal in for a Nature, the international weekly journal of CC0 to put data in the public domain very light of CC0 to put data in the public domain very light of the common presidential campaign, candidate Obama's light of the common very light of the c	approved a migration of all of the co BY-SA) Open Data and More Get mmons rolled out CCO (read "CC Ze ghts they may have in a work, then m and may be used throughout the on science, the article addresses pos VisconsinView (part of AmericaView) able all of its more than 6 Terabytes is website, Change gov, licensed its of a Attribution-only license In Australia in public sector information To help au under CC licenses (usually Attribu 009 (Czech Republic, Ecuador, Croa	ontent in the English version ting Copyright Out of the ero") CCO is a universal eby placing it as nearly as world for any kind of t-publication sharing of , which supports access and of imagery data under the content under a Creative a, the Government 2 0 people get started, 59 tion) CC tia, Poland, Brazil, and
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program	services (Describe in Schedule	0.)		
+u	Other programs	services (Describe in Schednie	<b>U</b> ,		
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)

art IV	Chec	klict	of Re	auire	<u>ا د</u>	chec	lules

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	_	No

Form	990 (2009)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2009)

rt V	Statements	Regarding	Other	TRS F	ilinas	and '	Tax	Comi	oliance
	ota to illoiles	itegai aiiig	•					~~	J.:

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
Ba	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
la	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)?	4a	Yes	
Ь	If "Yes," enter the name of the foreign country ►GM  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		Νo
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νο
,	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νο
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
u	11 Tes, indicate the number of Forms 6262 med during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νo
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Νο
)	Sponsoring organizations maintaining donor advised funds.	<u> </u>		110
	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
.0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	-		
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year   12b			

171 SECOND STREET SUITE 300 SAN FRANCISCO, CA 94105

(415) 369-8480

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management							
			Yes	No				
_								
1a	Enter the number of voting members of the governing body 1a 12							
ь	Enter the number of voting members that are independent 12							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο				
6	Does the organization have members or stockholders?	6		Νo				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο				
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo				
	<b>ection B. Policies</b> (This Section B requests information about policies not required by the Internal venue Code.)							
Ne	venue code.)		Yes	No				
10a	Does the organization have local chapters, branches, or affiliates?	10a		No				
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?							
	- That the diganization promises a copy of this form size to an monitorial of its governing boar, before iming the form							
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes					
13	Does the organization have a written whistleblower policy?	13	Yes					
14	Does the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	166		NI -				
Sa	ction C. Disclosure	16b		Νo				
17	List the States with which a copy of this Form 990 is required to be filed MA , CA							
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)							
-0	(3)s only) available for public inspection Indicate how you make these available Check all that apply  Own website Another's website Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n 🕨				
	TED ROSE							

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did no	•	te any	curre	nt o	r forr	nero	fficei	r, dırector, trustee d	or key employee	
(A) Name and Title	(B) A verage hours	Posi t	(( tion ( hat a	che		I		(D)  Reportable compensation from the	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
NATHAN YERGLER CTO	40 00			Х				95,040	0	8,563
MOLLY SHAFFER VAN HOUWELING Director	2 00	X						0	0	0
MICHAEL LINKSVAYER Vice President	40 00			Х				96,800	0	8,606
MICHAEL CARROLL Director	2 00	х						0	0	0
LAWRENCE LESSIG Director	2 00	Х						О	0	0
LAURIE RACINE Director	2 00	х						0	0	0
KEVIN BIRTCHNELL CFO/TREASURER	17 00			х				69,075	0	0
JONATHAN REES PRIN SCIENTIST	40 00					х		127,723	0	6,377
JOICHI ITO DIRECTOR & CEO	20 00	Х		х				0	0	0
JOHN WILBANKS Vice President	40 00			х				94,077	0	13,184
JIMMY WALES Director	2 00	Х						0	0	0
JENNIFER YIP ASST TREASURER	40 00			х				73,002	0	7,499
HAL ABELSON Director	2 00	Х						0	0	0
GLENN O BROWN Director	2 00	х						0	0	0
ESTHER WOJCICKI CHAIR	5 00	х						0	0	0
ERIC SALTZMAN Director	2 00	Х						0	0	0
DIANE PETERS GENERAL COUNSEL	40 00			Х				147,344	0	20,981

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>(A)</b> Name and Title	(B) A verage hours		tion ( that a	(che		II		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	<b>(F)</b> Estimate amount of o	ther
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			compens at from the organization related organizatio	and
DIANE CABELL Secretary	2 00			Х				0	0		C
DAVIS GUGGENHEIM Director	2 00	х						0	0		C
CATERINA FAKE Director	2 00	х						0	0		C
ALAN RUTTENBERG PRIN SCIENTIST	40 00					х		123,414	0		20,171
							L,				
1b Total							▶	826,475			85,381

			165	140				
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee							
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo				
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such							
	ındıvıdual	4	Yes					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services							
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo				

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

<b>(B)</b> Description of services	<b>(C)</b> Compensation
	( <b>B</b> ) Description of services

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►0

								Page <b>9</b>
Part	<u>VIIII</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
#\$	1a	Federated cam	paigns 1a					
E T	Ь	Membership du	es <b>1b</b>					
ું #	c	Fundraising eve	ents <b>1c</b>					
<u>₩</u> _ <u></u>	d		zations 1d					
ž,	e	Government grant						
afio er s	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	2,449,546				
들듣	g		butions included in					
E S	h		s 1a-1f	🕨	2,449,546			
	<del>                                     </del>			Business Code				
ППе	2a			Business code				
æ Æ	ь							
е П	c							
	d		_					
	e							
	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a-2f		0			
	3		ome (including dividen					
		and other simil	ar amounts)	▶	763			763
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨	0			
	5	Royalties		,	0			
		Cross Bonto	(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
	c	expenses Rental income						
	١.	or (loss)		<u> </u>	0			
	d	Net rental inco	me or (loss)  (i) Securities	(II) O ther	o l			
	7a b	Gross amount from sales of assets other than inventory Less cost or	(i) securities	(ii) o tile.				
		other basis and sales expenses						
	c	Gain or (loss)						
	d 8a		rom fundraising		0			
Revenue		events (not inc \$ of contributions						
Other Revenue Program Service Revenue and other similar amounts	ь	Less direct ex	penses <b>b</b>					
	С		(loss) from fundraising	events ►	0			
	9a		rom gaming activities ne 19 a					
	b c		penses <b>b</b> (loss) from gamıng actı		0			
	10a	Gross sales of returns and allo						
	b c		oods sold <b>b</b> (loss) from sales of invo	entory ►	o			
		Miscellaneous		Business Code				
	11a	OTHER INCOM	1 E		39,661			39,661
	Ь	EURO TO DOL	LARS		676			676
	С							
	d	All other reven						
	12				40,337			
	12	rotar revenue.	See Instructions .	· · - [	2,490,646			41,100

Part IX Statement of Functional Expenses  Section 501(c)(3) and 501(c)(4) organizations must complete All other organizations must complete column (A) but are not required to complete Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21  2 Grants and other assistance to individuals in the U S See Part IV, line 22			(D). (C) Management and general expenses	<b>(D)</b> Fundraising expenses
All other organizations must complete column (A) but are not required to complete  Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21  2 Grants and other assistance to individuals in the	e column A) xpenses 0	(B) Program service	(C) Management and	Fundraising
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21  2 Grants and other assistance to individuals in the	A) xpenses 0	(B) Program service	(C) Management and	Fundraising
7b, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21  2 Grants and other assistance to individuals in the	xpenses 0	_		-
In the U.S. See Part IV, line 21  2 Grants and other assistance to individuals in the	0	S. F. S.	gonour onponee	
			l l	
Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	634,171	408,166	160,555	65,450
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,278,714	1,062,518	40,702	175,494
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	79,581	62,073	7,958	9,550
9 Other employee benefits	29,486	25,283	345	3,858
10 Payroll taxes	138,836	107,642	14,091	17,103
11 Fees for services (non-employees)				
a Management	0			
<b>b</b> Legal	4,160	4,160		
c Accounting	16,000		16,000	
d Lobbying	0			
e Professional fundraising See Part IV, line 17	0			
f Investment management fees	0			
<b>g</b> Other	563,931	381,653	179,632	2,646
12 Advertising and promotion	13,057	,	66	12,991
13 Office expenses	90,110	72,751	10,307	7,052
14 Information technology	14,247	14,165	<del>                                     </del>	45
15 Royalties	0	,		
<b>16</b> Occupancy	113,820	92,118	9,803	11,899
<b>17</b> Travel	324,959	292,615	<del>'  </del>	16,172
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0		25,21.2	
19 Conferences, conventions, and meetings	5,997	2,048		3,949
20 Interest	0			<u> </u>
21 Payments to affiliates	0			_
22 Depreciation, depletion, and amortization	25,417		25,417	
23 Insurance	34,201	108	34,093	
Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a TRAINING	1,574		1,574	
b RECRUITING	640		640	
c MEMBERSHIP AND DUES	2,505		2,505	
d LICENSES AND FEES	17,685	15,800	1,885	
e BOARD CULTIVATION AND MEETINGS	11,643	11,437	206	
f All other expenses	75			75
Total functional expenses. Add lines 1 through 24f	3,400,809	2,552,537	521,988	326,284
26 Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		-		

Part X Balance Sheet (A) (B) Beginning of year End of year 2.139.975 1 1 Cash—non-interest-bearing . . . . . . . . . . . . 1,423,332 2 0 2 7,223,080 5,664,429 3 3 4 4 0 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 6 0 Notes and loans receivable, net . . . . . 7 8 0 Inventories for sale or use . . . . . . 26.303 9 32,677 Land, buildings, and equipment cost or other basis Complete 131.920 10a 10a Part VI of Schedule D 36,305 10c 10b 114.027 17.893 b Less accumulated depreciation . . . . 11.622 11 0 11 0 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 0 13 Investments—program-related See Part IV, line 11 . . 14 14 0 7.105 7.105 15 15 16 8,727,747 16 7,862,079 Total assets. Add lines 1 through 15 (must equal line 34) . . . 170.264 130.499 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities Complete Part X of Schedule D . . . . . 25 26 **Total liabilities.** Add lines 17 through 25 . . . . . 130,499 26 170,264 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 120,287 1,134,926 27 Unrestricted net assets . . . . 27 28 8.476.961 28 6.556.889 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances . . . . . 33 8,597,248 33 7,691,815 34 Total liabilities and net assets/fund balances . . . . . 8.727.747 7.862.079 34

### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		No

Form **990** (2009)

# OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization CREATIVE COMMONS CORPORATION

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection **Employer identification number** 

Par	ul T	Book	on for Dul	blic Charity Stat	um /All oro	anizations	must same	Note this no	04-358530			
				<b>blic Charity Stat</b> e foundation because						ucuons		
				on of churches, or as:					,			
	<u>'</u>			in <b>section 170(b)(1)</b>				X+X6X1).				
	<u>'</u>			perative hospital serv				n 170(b)(1)(/	۸ )(iii)			
	,			organization operate						(Δ)(iii) Ent	erthe	
-	•			cy, and state	sa m conjun	ceron with a	nospital dese		.o., 1, 0(B)(1)	(A)(III)1 2 III	er tile	
5	$\Gamma$	An orga	ınızatıon ope	erated for the benefit	of a college	or universit	y owned or o	perated by a (	governmental	unıt descrit	ed in	
	_			<b>A)(iv).</b> (Complete Pa	•							
6		A feder	al, state, or	local government or	government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1)	(A)(v).			
7	굣	describ	ed in	t normally receives a <b>A)(vi)</b> (Complete Pa		l part of its	support from	a government	tal unit or froi	m the genera	ıl public	:
8	$\Gamma$			described in <b>section</b>		<b>A)(vi)</b> (Com	nplete Part II	)				
9				t normally receives					ıtıons, membe	ership fees,	and gro	ss
		receipt	s from activi	ties related to its ex	empt functio	ns—subject	t to certain ex	ceptions, an	d (2) no more	than 331/3	∕of	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) fro acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III )						-				
10	$\Gamma$	An orga	ınızatıon org	anized and operated	exclusively	to test for p	oublic safety	See <b>section 5</b>	09(a)(4).			
1		-	_	anized and operated	•		•			carry out the	purpos	ses of
		one or i	nore publicly	y supported organiza pes the type of suppo <b>b</b> Type II	tıons descri ortıng organı	bed in secti zation and c	on 509(a)(1)	or section 50 s 11e through	09(a)(2) See	•	(a)(3).	Check
e	Γ	other th		ox, I certify that the con managers and oth								
f		check t	hıs box	received a written de						supporting	organiz	ation,
g			ugust 17, 2 g persons?	006, has the organiz	ation accep	ted any gift	or contribution	on from any of	f the			
				ectly or indirectly co	•			persons desc	rıbed ın (ıı)		Yes	No
		, ,		governing body of the		_	ition?			11g(i)		
			•	r of a person describ	• •					11g(ii		
				ed entity of a person						11g(iii	)	<u> </u>
h		Provide	the followin	g information about t	the supporte	d organizati	ion(s)					
9	Name uppo	(ii)  Type of Is the organization in col (i) listed in your governing ganization  (iii)  Is the organization in col (i) listed in your governing document?  (v)  Did you notify the organization in col (i) of your support?				otify the tion in of your	(vi) Is th organizat col (i) org in the U	e Ion In anized	I ^			
				(see instructions))	Yes	No	Yes	No	Yes	No	]	
											1	
										1	1	
										1		
										1	1	
									1	1	4-	
Total				1	İ	1		1		1	1	

# Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if ye	ou checked the	box on line 5, 7	, or 8 of Part I	(.)			
S	ection A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2	009	<b>(f)</b> ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,754,47	1 2,856,215	3,545,487	10,963,657	2	,449,546	21,569,376
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0
4	Total. Add lines 1 through 3	1,754,47	1 2,856,215	3,545,487	10,963,657	2	,449,546	21,569,376
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							10,931,576
6	(f) <b>Public Support.</b> Subtract line 5						<del>-  </del>	10.637.000
	from line 4							10,637,800
	ection B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 20	09	(f) Total
7	A mounts from line 4	1,754,471	6,960	3,545,487	10,963,657	2,	,449,546	21,569,376
8	Gross income from interest,	, ,		, ,				
	dividends, payments received on securities loans, rents, royalties and income from similar sources	14,530	6,960	12,568	14,806		763	49,627
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets			14,713	34,830		40,337	89,880
11	Total support (Add lines 7 through 10)							21,708,883
12	Gross receipts from related activit	, ,	•			12		
13	First Five Years If the Form 990 is check this box and stop here			third, fourth, or f	ifth tax year as a	501(c)(3	) organız 	zation, ▶┌ ——————
	ection C. Computation of Pu			1.1 column (f)		1		10.000.00
14	Public Support Percentage for 200	•		11 COIUMN (T))		14		49 000 %
15	Public Support Percentage for 200	•	•			15		39 900 %
b	33 1/3% support test—2009. If the and stop here. The organization qu 33 1/3% support test—2008. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization me organization	alifies as a public e organization did in qualifies as a p — <b>2009.</b> If the org ation meets the "f	ly supported orgal not check the box ublicly supported of anization did not c facts and circumst	nization on line 13 or 16 organization heck a box on lin ances" test, che	a, and line 15 is 3 ie 13, 16a, or 16b ck this box and <b>st</b>	33 1/3% on and line	or more, 14 Explain	check this
Ь	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza	nızatıon meets th	e "facts and cırcu	mstances" test, o	check this box and	d stop he	ere.	
18	supported organization  Private Foundation If the organiza instructions	tion did not check	a box on line 13,	16a, 16b, 17a oi	r 17b, check this	box and s	see	►□ ►□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> 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						
3	purpose Gross receipts from activities that				+		
3	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 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493127016130

OMB No 1545-0047

Open to Public Inspection

(e) A mount of political

contributions received

and promptly and

directly delivered to a separate political organization If none, enter -0-

## **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. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ 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

(b) Address

◆ Section 527 organizations Complete Part I-A only

(a) Name

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

	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line oction 501(c)(4), (5), or (6) organizations. Complete Part III	e 35a (	regar	ding	proxy tax)	, the	∍n
	ne of the organization ATIVE COMMONS CORPORATION	mploy	erıdeı	ntıfıc a	tion numbe	er.	
		4-358					
Par	II-A Complete if the organization is exempt under section 501(c) or is a se	ection	1 <b>52</b> 7	7 org	anizatio	<u>n.</u>	
1	Provide a description of the organization's direct and indirect political campaign activities in Part	IV					
2	Political expenditures		<b>-</b>	\$			
3	Volunteer hours						
Par	TI-B Complete if the organization is exempt under section 501(c)(3).						
1	Enter the amount of any excise tax incurred by the organization under section 4955		<b>-</b>	\$			
2	Enter the amount of any excise tax incurred by organization managers under section 4955		<b>F</b>	\$			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				┌ Yes	<u>                                      </u>	No
4a	Was a correction made?				┌ Yes	<u>                                      </u>	No
b	If "Yes," describe in Part IV						
Par	TI-C Complete if the organization is exempt under section 501(c) except s	ectio	n 50	1(c)	(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function act	ivities	•	\$			
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5 exempt funtion activities	27	<b>•</b>	\$			
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7 b	<b>•</b>	\$			
4	Did the filing organization file Form 1120-POL for this year?				┌ Yes	$\overline{}$	No
5	State the names, addresses and employer identification number (EIN) of all section 527 political were made. For each organization listed, enter the amount paid from the filing organization's funds contributions received that were promptly and directly delivered to a separate political organization or a political action committee (PAC). If additional space is needed, provide information in P	Also on, suc	enter	the an	nount of po	litica	al

(c) EIN

(d) A mount paid from

filing organization's

funds If none, enter - 0 -

section 4911 tax for this year?

┌ Yes ┌ No

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) an	d filed Form 5768	(election
<u>A</u>	Check I if the filing organization belongs to	an affiliated group		
В	Check   If the filing organization checked bo	x A and "limited control" provisions apply		
			(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	11	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1	b)	11	
d	Other exempt purpose expenditures		3,542,875	
е	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  \$225,000 plus 5% of the excess over \$1,500,000	3,542,886		
f	, ,	from the following table in both	327,144	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	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	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lin	ne 1f)	81,786	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		

# 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.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expe	nditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
_2a	Lobbying non-taxable amount				327,144	327,144
b	Lobbying ceiling amount (150% of line 2a, column(e))					490,716
c	Total lobbying expenditures				11	11
d	Grassroots non-taxable amount				81,786	81,786
e 	Grassroots ceiling amount (150% of line 2d, column (e))					122,679
f	Grassroots lobbying expenditures				11	11

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b	)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c	)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

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### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

**Employer identification number** Name of the organization CREATIVE COMMONS CORPORATION 04-3585301 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year

Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control?

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- Total number of conservation easements
- Total acreage restricted by conservation easements
- Number of conservation easements on a certified historic structure included in (a)
- Number of conservation easements included in (c) acquired after 8/17/06
- Held at the End of the Year 2a 2b 2c
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌
- Number of states where property subject to conservation easement is located **\(\mathbb{F}\_{\top}\)**
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨
- A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1
  - (ii) Assets included in Form 990, Part X

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

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1
  - Assets included in Form 990, Part X

- Cat No 52283D
- Schedule D (Form 990) 2009

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tı</u>	reasur	es, or O	the	r Similar <i>F</i>	sset	<b>S</b> (co.	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie fol	lowing	that are	a significa	int us	se of its colle	ction		
а	Public exhibition		d	Γ	Loan	orexch	ange progr	ams				
b	Scholarly research		e	Γ	Other	r						
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	v the	y furthe	er the or	ganızatıon	's ex	empt purpos	e in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	<b>□ y</b>	es	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organ	ızatıon			es" to Form	, -		,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermo	ediary	for c	ontribu	itions or	other ass	ets r	not	<b>┌</b>	es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Г	Ι		moun	t	
с	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year						 	1e				
f	Ending balance						 	1f				
2a	Did the organization include an amount on Fo	orm 990 Part V lin	ر 2010 م				L			Гу	ec .	┌ No
			c 7 I ,							, 1	CS	, 140
	rt V Endowment Funds. Complete		n ans	Wer	ad "Va	s" to F	orm gan	Dar	t IV   line 10	<u> </u>		
Fal	Endowment I unus. Complete	(a)Current Year		Prior			Years Back		Three Years Bac		our Ye	ars Back
1a	Beginning of year balance	, ,										
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment	%										
ь	Permanent endowment - %											
С	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and ad	mınıstered	for	the			
	organization by					-			-		Yes	No
	(i) unrelated organizations			•						a(i)		
	(ii) related organizations									a(ii)		
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	•						•		3b		
	t VI Investments—Land, Buildings					90 Pa	rt V line	10				
ГСП	t vi investments—Land, buildings	s, and Equipme			a) Cost	•	(b)Cost or		(c) Accumula	tod		
	Description of investment					estment)	basis (oth		depreciatio		( <b>d)</b> Bo	ok value
	Land			- 1			l		I			
1a	Lanu		•									
	Buildings		•									
b		· · · · · · · ·	· ·									
b c	Buildings	· · · · · · · · · · · · · · · · · · ·					97	7,660	8	2,841		14,819
b c d	Buildings	· · · · · · · · · · · · · · · · · · ·						7,660 1,260		2,841 1,186		14,819 3,074

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>*</b>	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	15.)  X, line 25.  (b) A mount	

Schedule D (Form 990) 2009

	<b>TREE Reconciliation of Change in Net Assets from Form 990 to Financial Statemen</b>	ILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,490,646
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,400,809
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-910,163
4	Net unrealized gains (losses) on investments	4	4,730
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	4,730
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-905,433
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	2,737,586
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		, ,
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	246,940
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,490,646
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12 )	5	2,490,646
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial	.	3,643,019
-	statements	1	
2	Donated services and use of facilities		
a b	Prior year adjustments		
c	Other losses	_	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	242,210
3	Subtract line 2e from line 1	3	3,400,809
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ب	3,400,009
a	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
ь	Other (Describe in Part XIV) 4b	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	3,400,809
	t XIV Supplemental Information		1 -//303

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier Return Reference | Explanation efile GRAPHIC print - DO NOT PROCESS

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DLN: 93493127016130

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Totals . .

#### Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspect ion

Name of the organization **Employer identification number** CREATIVE COMMONS CORPORATION 04-3585301 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed ) (d) Activities conducted in (e) If activity listed in (d) (f) Total expenditures (a) Region (b) Number of (c) Number of region (by type) (ie, is a program service, for region offices in the employees or fundraising, program services, describe specific type of grants to recipients located in region agents in region service(s) in region the region) GERMANY 1 PROGRAM SERVICES ISEE INTERNATIONAL 467.242 PROGRAM SERVICE ACCOMPLISHMENTS

467,242

Part IV	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ ▼ Use Schedule F-1 (Form 990) if additional space is needed.							
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Enter total new tax-exempt	umber of recipi by the IRS, or f	ent organizations lis for which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . •	
3 Enter total n	umber of other	organizations or en	tities				. ▶	
							Schodule I	(Form 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	ın Part I, line 2, and any additional information.  Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493127016130

OMB No 1545-0047

Open to Public Inspection

#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization CREATIVE COMMONS CORPORATION **Employer identification number** 

04-3585301 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Νo

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DIANE PETERS	(1) (11)	147,344				20,981	168,325	

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation

Schedule J (Form 990) 2009

Employer identification number

04-3585301

#### **SCHEDULE 0**

Name of the organization

CREATIVE COMMONS CORPORATION

(Form 990)

12c

11

Form 990.

Part VI. Line

Department of the Treasury
Internal Revenue Service

# **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047

2009

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		04-3585301
ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Documents deemed "publicly view able" by management are uploaded to Creative Commons' internal wiebsite. Additionally, requests for such documents by the public are handled on a case-by-case basis by the Operations Director and the appropriate functional manager(s) within Creative Commons.
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	AS EACH NEW EMPLOYEE WAS INITIALLY HIRED, AND WHEN RAISES WERE GRANTED, THE NEW WAGE WAS ASSESSED ON THE BASIS OF PAST PAYROLL EXPERIENCE ALL POSITIONS HAVE UNDERGONE A COMPARISON SURVEY AT SOME POINT IN TIME, SO WE ONLY PERFORM NEW SURVEYS WHEN THE WAGE EXCEEDS EARLIER WAGE RANGES OR IS AN ENTIRELY NEW POSITION FOR WHICH WE HAVE NO DATA FOR NEW, UNUSUAL COMPENSATIONS, OR FOR LOCATIONS WHERE WE HAVE NO EXPERIENCE, WE PERFORM A SURVEY USING VARIOUS ONLINE SITES, PAID SALARY SURVEY SOURCES AND FROM LITERATURE PROVIDED BY NONPROFIT TRADE ASSOCIATION DATABASES
Form 990, Part VI, Line	Form 990, Part VI, Line 12c Explanation of	BASED ON THE ANNUAL CONFLICT DISCLOSURE SURVEY, A LIST OF THE ENTITIES IN WHICH THE BOARD AND STAFF HAVE A FINANCIAL INTEREST IS POSTED ON TEAMSPACE WHERE IT CAN BE

ARE ALSO ALWAYS REVIEWING POTENTIAL CONFLICTS AS WELL

FORM 990 IS GIVEN TO THE GOVERNING BOARD

Form 990, Part VI, Line

11 Form 990 Review

Monitoring and

Enforcement of

Conflicts

Process

CHECKED BY COUNSEL AGAINST ANY NEW CONTRACTS/AGREEMENTS FOR POSSIBLE CONFLICTS

IT IS THE RESPONSIBILITY OF THE AUDIT COMMITTEE TO REVIEW THE RESULTS OF THE ANNUAL

CONFLICTS QUESTIONNAIRE AND TO REVIEW ANY ALLEGED/SUSPECTED CONFLICTS COUNSEL

A DRAFT OF FORM 990 IS PRESENTED TO AND APPROVED BY THE AUDIT COMMITTEE AS THE DESIGNATED REPRESENTATIVE OF THE BOARD OF DIRECTORS AFTER APPROVAL, A COPY OF

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 04-3585301

Name: CREATIVE COMMONS CORPORATION

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
TRAINING	1,574		1,574	
RECRUITING	640		640	
MEMBERSHIP AND DUES	2,505		2,505	
LICENSES AND FEES	17,685	15,800	1,885	
BOARD CULTIVATION AND MEETINGS	11,643	11,437	206	