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

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

▶ Do not enter social security numbers on this form as it may be made public.

DLN: 93493311030902 OMB No. 1545-0047

Form **990** 

| reasu<br>nterna  |  | enue Service  |  | nov/Form990 for instructions and the                                   | e iatest iiii    | ormation.   |   | Inspection  |
|--|--|---|--|--|------------------|---|---|---|
| \ F  | or th  | e 2021 d  | alendar year, or tax year begi   | nning 01-01-2021 , and ending 12-                                      | 31-2021          |   |   |   |
| □ Ad   | dress  | applicable:<br>change   | C Name of organization<br>CREATIVE COMMONS CORPORATION   | NC   |                  | <b>D Employer</b><br>04-35853   |   | ication number  |
|  | me cn<br>tial re   | nange<br>turn   | Doing business as  |  |                  |   |   |   |
|  |  | n/terminated  |  |  |                  | E Telephone   | numbor  |   |
|  |  | d return  | Number and street (or P.O. box if r<br>211 HOPE STREET 1866  |  |                  |   |   |   |
| <b>⊔</b> Ap<br>•   | olicati  | on pending  |  | untry, and ZIP or foreign postal code                                  |                  | (415) 429   | 9-6/53  |   |
|  |  |   | MOUNTAIN VIEW, CA 94042  | unitry, and zir or foreign postal code                                 |                  | <b>G</b> Gross rece   | ints \$ 9   | 853 619   |
|  |  |   | F Name and address of princip  | pal officer:   | H(a) 1           | s this a group retu   |   | ,000,010  |
|  |  |   | MOLLY VAN HOUWELING  |  |                  | ubordinates?  | 1111101   | □Yes ☑No  |
|  |  |   | 211 HOPE STREET 1866<br>MOUNTAIN VIEW, CA 94042  |  | <b>Н(b)</b> А    | re all subordinate  | s   | ☐ Yes ☐No   |
| Ta   | (-exer   | mpt status  | : 🗹 501(c)(3) 🔲 501(c)( )  | (insert no.) 4947(a)(1) or 527   |                  | ncluded?<br>f "No," attach a lis  | t See i   |   |
| w  | ebsit  | te:► W\   | WW.CREATIVECOMMONS.ORG   | - (Insert no.) - 4547 (a)(1) or - 527                                  |                  | Group exemption n   |   |   |
|  |  |   |  |  |                  |   |   |   |
| <b>(</b> Forr  | n of o   | rganizatior   | n: 🗹 Corporation 🗌 Trust 🔲 Ass   | sociation  Other   | <b>L</b> Year of |   | M State (<br>MA   | of legal domicile:  |
| Pa   | ırt I  |   | nmary  |  |                  | ·   |   |   |
|  |  |   | escribe the organization's mission of the scribe the organization is seen as the script of the scrip | or most significant activities:<br>STRUCTURE FOR DIGITAL CREATIVITY, S | HARING AI        | ND INNOVATION   |   |   |
| <u>2</u>   | -  | DEVELO  | 5 LEGAL AND TECHNICAL INTRAG   | TROCTORE FOR DIGITAL CREATIVITY, 5                                     | HARINO, A        | ND INNOVATION.  |   |   |
| Ē  | -  |   |  |  |                  |   |   |   |
| GOVERNATION  | ,  | Check th  | nis box $\blacktriangleright \Box$ if the organization di  | eete   |                  |   |   |   |
|  |  |   |  | ing body (Part VI, line 1a)  |                  |   | з   | 10  |
| ಶ<br>^   | 4  | Number  | of independent voting members of   | of the governing body (Part VI, line 1b)                               |                  |   | 4   | 10  |
|  | 5  | Total nu  | mber of individuals employed in c  | 5  | 15               |   |   |   |
| Samknow  | 6  | Total nu  | mber of volunteers (estimate if ne   | ecessary)  |                  |   | 6   | 175   |
| Ĭ  | 7a   | Total un  | related business revenue from Pa   | rt VIII, column (C), line 12   |                  |   | 7a  | 0   |
|  | b  | Net unre  | elated business taxable income fro   | om Form 990-T, Part I, line 11   |                  |   | 7b  | 0   |
|  |  |   |  |  |                  | Prior Year  |   | Current Year  |
|  |  |   | _  |  |                  |   |   |   |
| ₫.   |  |   | - · · · · · · · · · · · · · · · · · · ·  | )  |                  | 718,24  |   | 9,506,488   |
| enuev  | 9  | Program   | service revenue (Part VIII, line 2g  | ))   |                  | 207,75  | 58  | 346,552   |
| Ravenue  | 9<br>10  | Program<br>Investm  | service revenue (Part VIII, line 2g  | l)   |                  | 207,75<br>12,68   | 58<br>31  | 346,552<br>113  |
| Ravenue  | 9<br>10<br>11  | Program<br>Investm<br>Other re  | service revenue (Part VIII, line 2g<br>ent income (Part VIII, column (A),<br>evenue (Part VIII, column (A), lines  | lines 3, 4, and 7d )   |                  | 207,75<br>12,68<br>4,10   | 58<br>31<br>01  | 346,552<br>113<br>466   |
| Ravenue  | 9<br>10<br>11<br>12  | Program<br>Investm<br>Other re<br>Total rev   | service revenue (Part VIII, line 2gent income (Part VIII, column (A), evenue (Part VIII, column (A), lines venue—add lines 8 through 11 (m   | lines 3, 4, and 7d )   |                  | 207,75<br>12,68<br>4,10<br>942,78   | 58<br>31<br>01<br>34  | 346,552<br>113<br>466<br>9,853,619  |
| Ravenue  | 9<br>10<br>11<br>12<br>13  | Program Investm Other re Total rev Grants a   | eservice revenue (Part VIII, line 2g<br>ent income (Part VIII, column (A),<br>evenue (Part VIII, column (A), lines<br>evenue—add lines 8 through 11 (m<br>and similar amounts paid (Part IX,   | lines 3, 4, and 7d )   |                  | 207,75<br>12,68<br>4,10   | 58<br>31<br>01<br>34  | 346,552<br>113<br>466<br>9,853,619<br>19,041  |
|  | 9<br>10<br>11<br>12<br>13<br>14  | Program Investm Other re Total rev Grants a Benefits  | eservice revenue (Part VIII, line 2g<br>ent income (Part VIII, column (A),<br>evenue (Part VIII, column (A), lines<br>venue—add lines 8 through 11 (m<br>and similar amounts paid (Part IX,<br>paid to or for members (Part IX, c  | lines 3, 4, and 7d )   |                  | 207,75<br>12,68<br>4,10<br>942,78<br>95,89  | 58<br>31<br>01<br>34<br>95  | 346,552<br>113<br>466<br>9,853,619<br>19,041<br>0   |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15  | Program Investm Other re Total rev Grants a Benefits Salaries,  | ent income (Part VIII, line 2g<br>ent income (Part VIII, column (A),<br>evenue (Part VIII, column (A), lines<br>venue—add lines 8 through 11 (m<br>and similar amounts paid (Part IX,<br>paid to or for members (Part IX,<br>other compensation, employee b  | lines 3, 4, and 7d )   |                  | 207,75<br>12,68<br>4,10<br>942,78   | 58<br>31<br>01<br>34<br>95  | 346,552<br>113<br>466<br>9,853,619<br>19,041  |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a   | Program Investm Other re Total rev Grants a Benefits Salaries, Profession   | ent income (Part VIII, line 2g<br>ent income (Part VIII, column (A),<br>evenue (Part VIII, column (A), lines<br>venue—add lines 8 through 11 (m<br>and similar amounts paid (Part IX,<br>paid to or for members (Part IX,<br>other compensation, employee b  | lines 3, 4, and 7d )   |                  | 207,75<br>12,68<br>4,10<br>942,78<br>95,89  | 58<br>31<br>01<br>34<br>95<br>0   | 346,552<br>113<br>466<br>9,853,619<br>19,041<br>0<br>1,856,560  |
| Expenses Revenue   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b  | Program Investm Other re Total rev Grants a Benefits Salaries, Profession   | ent income (Part VIII, line 2gent income (Part VIII, column (A), evenue (Part VIII, column (A), lines venue—add lines 8 through 11 (mand similar amounts paid (Part IX, paid to or for members (Part IX, o, other compensation, employee bonal fundraising fees (Part IX, column)  | lines 3, 4, and 7d )   |                  | 207,75<br>12,68<br>4,10<br>942,78<br>95,89  | 68<br>61<br>61<br>61<br>64<br>64<br>71<br>0   | 346,552<br>113<br>466<br>9,853,619<br>19,041<br>0<br>1,856,560  |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b  | Program Investm Other re Total rev Grants a Benefits Salaries, Profession Total function  | ent income (Part VIII, line 2gent income (Part VIII, column (A), livenue (Part VIII, column (A), lines venue—add lines 8 through 11 (mand similar amounts paid (Part IX, paid to or for members (Part IX, other compensation, employee bonal fundraising fees (Part IX, column (D), draising expenses (Part IX, column (D),  | lines 3, 4, and 7d )   |                  | 207,75<br>12,68<br>4,10<br>942,78<br>95,89<br>2,402,67  | 58<br>51<br>51<br>51<br>64<br>65<br>66  | 346,552<br>113<br>466<br>9,853,619<br>19,041<br>0<br>1,856,560<br>0   |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18  | Program Investm Other re Total rev Grants a Benefits Salaries, Profession Total fund Other ex Total ex  | ent income (Part VIII, line 2gent income (Part VIII, column (A), livenue (Part VIII, column (A), lines venue—add lines 8 through 11 (mand similar amounts paid (Part IX, paid to or for members (Part IX, o, other compensation, employee bonal fundraising fees (Part IX, column (D), openses (Part IX, column (A), lines   | lines 3, 4, and 7d )   |                  | 207,75<br>12,68<br>4,10<br>942,78<br>95,89<br>2,402,67  | 58<br>51<br>51<br>51<br>55<br>60<br>71<br>66<br>63<br>63<br>63<br>63<br>63<br>64                  | 346,552<br>113<br>466<br>9,853,619<br>19,041<br>0<br>1,856,560<br>0<br>1,251,501<br>3,127,102   |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18  | Program Investm Other re Total rev Grants a Benefits Salaries, Profession Total fund Other ex Total ex  | ent income (Part VIII, line 2gent income (Part VIII, column (A), lines yenue (Part VIII, column (A), lines yenue—add lines 8 through 11 (mand similar amounts paid (Part IX, paid to or for members (Part IX, o, other compensation, employee bonal fundraising fees (Part IX, column fundraising expenses (Part IX, column (D), openses (Part IX, column (A), lines penses. Add lines 13–17 (must equation)   | lines 3, 4, and 7d )   | Begin            | 207,75<br>12,68<br>4,10<br>942,78<br>95,89<br>2,402,67<br>1,631,31<br>4,129,88  | 58<br>51<br>51<br>54<br>55<br>0<br>71<br>0<br>66<br>62<br>68                                      | 346,552<br>113<br>466<br>9,853,619<br>19,041<br>0<br>1,856,560<br>0<br>1,251,501<br>3,127,102   |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19  | Program Investm Other re Total rev Grants a Benefits Salaries, Profession Total function Other ex Total exp   | ent income (Part VIII, line 2gent income (Part VIII, column (A), lines yenue (Part VIII, column (A), lines yenue—add lines 8 through 11 (mand similar amounts paid (Part IX, paid to or for members (Part IX, o, other compensation, employee bonal fundraising fees (Part IX, column (D), draising expenses (Part IX, column (A), lines penses. Add lines 13–17 (must equal less expenses. Subtract line 18 for each income (Part IX) for each eless expenses.  | lines 3, 4, and 7d )   | Begin            | 207,75 12,68 4,10 942,78 95,89 2,402,67 1,631,31 4,129,88 -3,187,09 ning of Current Yes   | 58<br>51<br>51<br>54<br>55<br>50<br>71<br>0<br>0<br>66<br>52<br>58                                | 346,552 113 466 9,853,619 19,041 0 1,856,560 0 1,251,501 3,127,102 6,726,517 End of Year  |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19  | Investm Other re Total rev Grants a Benefits Salaries, Total func Other ex Total exp Revenue  | ent income (Part VIII, line 2gent income (Part VIII, column (A), lines yenue (Part VIII, column (A), lines yenue—add lines 8 through 11 (mand similar amounts paid (Part IX, paid to or for members (Part IX, o, other compensation, employee bonal fundraising fees (Part IX, column (D), column (Part IX, column (D), column (Part IX, column (A), lines penses. Add lines 13–17 (must expenses (Part IX, column (B), column (B), column (B), lines expenses. Subtract line 18 feests (Part X, line 16)  | lines 3, 4, and 7d )   | Begin            | 207,75 12,68 4,10 942,78 95,89 2,402,67 1,631,31 4,129,88 -3,187,09 ning of Current Yea   | 58<br>51<br>51<br>53<br>53<br>55<br>50<br>60<br>60<br>60<br>60<br>60<br>60<br>60<br>60<br>60<br>6 | 346,552 113 466 9,853,619 19,041 0 1,856,560 0 1,251,501 3,127,102 6,726,517 End of Year 9,584,245  |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19  | Program Investm Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total ex  Revenue  | ent income (Part VIII, line 2gent income (Part VIII, column (A), lines yenue (Part VIII, column (A), lines yenue—add lines 8 through 11 (mand similar amounts paid (Part IX, paid to or for members (Part IX, o, other compensation, employee bonal fundraising fees (Part IX, column (D), expenses (Part IX, column (A), lines penses. Add lines 13–17 (must expenses expenses. Subtract line 18 feets (Part X, line 16) billities (Part X, line 26)  | lines 3, 4, and 7d )   | Begin            | 207,75 12,68 4,10 942,78 95,89 2,402,67 1,631,31 4,129,88 -3,187,09 ning of Current Yes 2,939,54 764,21   | 38 31 31 34 35 36 36 36 36 36 36 36 36 36 36 36 36 36   | 346,552 113 466 9,853,619 19,041 0 1,856,560 0 1,251,501 3,127,102 6,726,517 End of Year  9,584,245 682,444   |
| Fund Balances Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19  | Other ex<br>Total expenses of the control of the contr | ent income (Part VIII, line 2gent income (Part VIII, column (A), lines yenue (Part VIII, column (A), lines yenue—add lines 8 through 11 (mand similar amounts paid (Part IX, paid to or for members (Part IX, o, other compensation, employee bonal fundraising fees (Part IX, column (D), expenses (Part IX, column (A), lines penses. Add lines 13–17 (must expenses expenses. Subtract line 18 feets (Part X, line 16)  | lines 3, 4, and 7d )   | Begin            | 207,75 12,68 4,10 942,78 95,89 2,402,67 1,631,31 4,129,88 -3,187,09 ning of Current Yea   | 38 31 31 34 35 36 36 36 36 36 36 36 36 36 36 36 36 36   | 346,552 113 466 9,853,619 19,041 0 1,856,560 0 1,251,501 3,127,102 6,726,517 End of Year 9,584,245  |
| inel Balances Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19  | Program Investm Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total exp Revenue  Total ass Total lial Net asses Sigr alties of pand belie  | ent income (Part VIII, line 2gent income (Part VIII, column (A), lines yenue—add lines 8 through 11 (mand similar amounts paid (Part IX, paid to or for members (Part IX, o, other compensation, employee bonal fundraising fees (Part IX, column (D), expenses (Part IX, column (A), lines penses. Add lines 13–17 (must expenses expenses. Subtract line 18 feets or fund balances. Subtract line thature Block perjury, I declare that I have examples and the penses in the sets of the bold and the penses and the penses.  | lines 3, 4, and 7d )   | g schedules      | 207,75 12,68 4,10 942,78 95,89 2,402,67 1,631,31 4,129,88 -3,187,09 ning of Current Yes 2,939,54 764,21 2,175,32 s and statements,  | 38 31 31 32 32 32 32 32 32 32 32 32 32 32 32 32   | 346,552 113 466 9,853,619 19,041 0 1,856,560 0 1,251,501 3,127,102 6,726,517 End of Year  9,584,245 682,444 8,901,801 the best of my                    |
| inel Balances Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19  | Program Investm Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total ex  Revenue  Total ass Total lial Net asses Sigr alties of pand beliedede.   | ent income (Part VIII, line 2gent income (Part VIII, column (A), lines yenue—add lines 8 through 11 (mand similar amounts paid (Part IX, paid to or for members (Part IX, o, other compensation, employee bonal fundraising fees (Part IX, columraising expenses (Part IX, columraising expens | lines 3, 4, and 7d )   | g schedules      | 207,75 12,68 4,10 942,78 95,89 2,402,67 1,631,31 4,129,88 -3,187,09 ning of Current Yes 2,939,54 764,21 2,175,32 s and statements,  | 38 31 31 32 32 32 32 32 32 32 32 32 32 32 32 32   | 346,552 113 466 9,853,619 19,041 0 1,856,560 0 1,251,501 3,127,102 6,726,517 End of Year  9,584,245 682,444 8,901,801 the best of my                    |
| in the Assets of Expenses in the Balances in t | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19  | Program Investm Other re Total rev Grants a Benefits Salaries, Professia Total fund Other ex Total ex  Revenue  Total ass Total lial Net asse Sigr alties of perand beliefedge.   | ent income (Part VIII, line 2gent income (Part VIII, column (A), lines yenue—add lines 8 through 11 (mand similar amounts paid (Part IX, paid to or for members (Part IX, column (A), lines yenue—add lines 8 through 11 (mand similar amounts paid (Part IX, paid to or for members (Part IX, column (A), column (B), column (B), genses (Part IX, column (A), lines penses (Part IX, column (A), lines penses. Add lines 13–17 (must expenses expenses. Subtract line 18 for sets (Part X, line 16)  | lines 3, 4, and 7d )   | g schedules      | 207,75 12,68 4,10 942,78 95,89 2,402,67 1,631,31 4,129,88 -3,187,09 ning of Current Yea 2,939,54 764,21 2,175,32 s and statements, sed on all informat  | 38 31 31 32 32 32 32 32 32 32 32 32 32 32 32 32   | 346,552 113 466 9,853,619 19,041 0 1,856,560 0 1,251,501 3,127,102 6,726,517 End of Year  9,584,245 682,444 8,901,801 the best of my                    |
| Mount Assess of Expenses of Mount Assess of Expenses of Mount Assess of Expenses of Mount Assess of Mount Asse | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>rt III            | Program Investm Other re Total rev Grants a Benefits Salaries, a Professi Total fund Other ex Total ex Revenue  Total ass Total lial Net asse Sigr alties of pand beliedede.  | ent income (Part VIII, line 2gent income (Part VIII, column (A), lines yenue (Part VIII, column (A), lines yenue—add lines 8 through 11 (mand similar amounts paid (Part IX, paid to or for members (Part IX, o, other compensation, employee bonal fundraising fees (Part IX, column (D), expenses (Part IX, column (A), lines penses. Add lines 13–17 (must expenses. Subtract line 18 feets (Part X, line 16)   | lines 3, 4, and 7d )   | g schedules      | 207,75 12,68 4,10 942,78 95,89 2,402,67 1,631,31 4,129,88 -3,187,09 ning of Current Yea 2,939,54 764,21 2,175,32 s and statements, sed on all informations  | 38 31 31 32 32 32 32 32 32 32 32 32 32 32 32 32   | 346,552 113 466 9,853,619 19,041 0 1,856,560 0 1,251,501 3,127,102 6,726,517 End of Year  9,584,245 682,444 8,901,801 the best of my                    |
| no de la company | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>rt III            | Program Investm Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total ex Revenue  Total ass Total liab Net asse Signal alties of p and beliedede.  | ent income (Part VIII, line 2gent income (Part VIII, column (A), lines yenue—add lines 8 through 11 (mand similar amounts paid (Part IX, paid to or for members (Part IX, o, other compensation, employee bonal fundraising fees (Part IX, column (D), expenses (Part IX, column (A), lines penses. Add lines 13–17 (must expenses expenses. Subtract line 18 feets or fund balances. Subtract line hature Block perjury, I declare that I have example, it is true, correct, and completing and the sets of officer   | lines 3, 4, and 7d )   | g schedules      | 207,75 12,68 4,10 942,78 95,89 2,402,67 1,631,31 4,129,88 -3,187,09 ning of Current Yea 2,939,54 764,21 2,175,32 s and statements, sed on all informat  | 38 31 31 32 32 32 32 32 32 32 32 32 32 32 32 32   | 346,552 113 466 9,853,619 19,041 0 1,856,560 0 1,251,501 3,127,102 6,726,517 End of Year  9,584,245 682,444 8,901,801 the best of my                    |
| no de la company | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>rt III            | Program Investm Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total ex  Revenue  Total ass Total lial Net asse Sigr alties of p and beliedge.  | ent income (Part VIII, line 2gent income (Part VIII, column (A), lines yenue (Part VIII, column (A), lines yenue—add lines 8 through 11 (mand similar amounts paid (Part IX, paid to or for members (Part IX, o), other compensation, employee bonal fundraising fees (Part IX, column (D), expenses (Part IX, column (A), lines penses. Add lines 13–17 (must expenses. Add lines 13–17 (must expenses (Part X, line 16)  | lines 3, 4, and 7d )   | g schedules      | 207,75 12,68 4,10 942,78 95,89 2,402,67 1,631,31 4,129,88 -3,187,09 ning of Current Yea 2,939,54 764,21 2,175,32 s and statements, sed on all information and | 38 31 31 32 32 32 32 32 32 32 32 32 32 32 32 32   | 346,552 113 466 9,853,619 19,041 0 1,856,560 0 1,251,501 3,127,102 6,726,517 End of Year  9,584,245 682,444 8,901,801 the best of my                    |
| ner Assers of Expenses of Expe | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>rtill<br>pennowle | Program Investm Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total ex  Revenue  Total ass Total lial Net asse Sigr alties of p and beliedge.  | ent income (Part VIII, line 2gent income (Part VIII, column (A), lines yenue—add lines 8 through 11 (mand similar amounts paid (Part IX, paid to or for members (Part IX, o, other compensation, employee bonal fundraising fees (Part IX, column (D), expenses (Part IX, column (A), lines penses. Add lines 13–17 (must expenses expenses. Subtract line 18 feets or fund balances. Subtract line hature Block perjury, I declare that I have example, it is true, correct, and completing and the sets of officer   | lines 3, 4, and 7d )   | g schedules      | 207,75  12,68 4,10 942,78 95,89  2,402,67  1,631,31 4,129,88 -3,187,09 ning of Current Yea  2,939,54 764,21 2,175,32 s and statements, sed on all information and information | 68 61 61 64 65 60 66 66 66 66 66 66 66 66 66 66 66 66   | 346,552 113 466 9,853,619 19,041 0 1,856,560 0 1,251,501 3,127,102 6,726,517 End of Year  9,584,245 682,444 8,901,801 the best of my which preparer has |
| A Find Balances  Expenses  Find Balances   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>rtill<br>pennowle | Program Investm Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total exp Revenue  Total ass Total lial Net asse Signal alties of pand belief  | ent income (Part VIII, line 2gent income (Part VIII, column (A), lines yenue (Part VIII, column (A), lines yenue—add lines 8 through 11 (mand similar amounts paid (Part IX, paid to or for members (Part IX, o), other compensation, employee bonal fundraising fees (Part IX, column (D), expenses (Part IX, column (A), lines penses. Add lines 13–17 (must expenses. Add lines 13–17 (must expenses (Part X, line 16)  | lines 3, 4, and 7d )   | g schedules      | 207,75 12,68 4,10 942,78 95,89 2,402,67 1,631,31 4,129,88 -3,187,09 ning of Current Yes 2,939,54 764,21 2,175,32 s and statements, sed on all informat 2022-11-04 Date  | 38  | 346,552 113 466 9,853,619 19,041 0 1,856,560 0 1,251,501 3,127,102 6,726,517 End of Year  9,584,245 682,444 8,901,801 the best of my which preparer has |

May the IRS discuss this return with the preparer shown above? (see instructions) . \_ . . . . . . . For Paperwork Reduction Act Notice, see the separate instructions.

SAN JOSE, CA 95113

Cat. No. 11282Y

☑ Yes ☐ No

| Form | 990 (2021)        |                               |                  |                             |   | Page <b>2</b>      |
|------|-------------------|-------------------------------|------------------|-----------------------------|---|--------------------|
| Pa   | rt III Staten     | nent of Program Servic        | e Accomplis      | hments                      |   |                    |
|      | Check if          | f Schedule O contains a respo | nse or note to a | any line in this Part III . |   | 🗹                  |
| 1    | Briefly describe  | the organization's mission:   |                  |                             |   |                    |
| SHAF | RING, AND INNO    | VATION OUR VISION IS NOT      | HING LESS THA    | N REALIZING THE FULL        | IFRASTRUCTURE THAT MAXIMIZES<br>POTENTIAL OF THE INTERNET - UN<br>OF DEVELOPMENT, GROWTH, AND | IIVERSAL ACCESS TO |
| 2    | Did the organiz   | ation undertake any significa | nt program ser   | vices during the year wh    | nich were not listed on   |                    |
|      | the prior Form    | 990 or 990-EZ?                |                  |                             |   | 🗌 Yes 🗹 No         |
|      | If "Yes," descri  | be these new services on Sch  | edule O.         |                             |   |                    |
| 3    | Did the organiz   |                               |                  |                             |   |                    |
|      | services? .       |                               |                  |                             |   | 🗌 Yes 🗹 No         |
|      | If "Yes," descri  | be these changes on Schedule  | e O.             |                             |   |                    |
| 4    | Section 501(c)    |                               | ns are required  | to report the amount of     | argest program services, as measu<br>f grants and allocations to others, t                    |                    |
| 4a   | (Code:            | ) (Expenses \$                | 1,207,148        | including grants of \$      | 19,041 ) (Revenue \$  | 347,018 )          |
|      | See Additional Da | ata                           |                  |                             |   |                    |
| 4b   | (Code:            | ) (Expenses \$                |                  | including grants of \$      | ) (Revenue \$   | )                  |
|      |                   |                               |                  |                             |   |                    |
| 4c   | (Code:            | ) (Expenses \$                |                  | including grants of \$      | ) (Revenue \$   | )                  |
|      |                   |                               |                  |                             |   |                    |
| 4d   | (Expenses \$      |                               | uding grants of  | <u>'</u>                    | ) (Revenue \$   | )                  |
| 4e   | l'otal progran    | n service expenses ►          | 1,207,1          | 48                          |   |                    |

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19

| Par | tiv 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? See instructions. 🗳  | 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 2  | 3   |     | No |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 2  | 4   | Yes |    |
| 5   | Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5   |     | No |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D.</i> 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   |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III <b>3</b>   | 8   |     | No |
| 9   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>   | 10  |     | No |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ , as applicable.  |     |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  | 11a | Yes |    |
| b   | 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   | 11b |     | No |
|     | 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 2   | 11c |     | No |
| d   | 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 🕏  | 11d |     | No |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏   | 11e |     | No |
|     | 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 (ASC 740)? If "Yes," complete Schedule D, Part X 2  | 11f | Yes |    |
|     | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2  | 12a |     | No |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b | Yes |    |
| 13  | Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E  | 13  |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | No |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Yes |    |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | No |
|     |   |     |     | I  |

| ,  | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7  |
|----|---|----|
| 8  | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III  | 8  |
| 9  | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; 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  |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V  | 10 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.   |    |
|    |   |    |

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . \*\*

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Yes

Yes

Nο

Nο

Nο

Nο

16

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20a

20b

21

| orm | 990 (2021)   |          |     | Page 4 |  |  |  |  |  |
|-----|--|----------|-----|--------|--|--|--|--|--|
| Par | Checklist of Required Schedules (continued)  |          |     |        |  |  |  |  |  |
|     |  |          | Yes | No     |  |  |  |  |  |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a   | 24a      |     | No     |  |  |  |  |  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b      |     |        |  |  |  |  |  |
| С   | 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      |     |        |  |  |  |  |  |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d      |     |        |  |  |  |  |  |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>   | 25b      |     | No     |  |  |  |  |  |
| 26  | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26       |     | No     |  |  |  |  |  |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III | 27       |     | No     |  |  |  |  |  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |          |     |        |  |  |  |  |  |
| а   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>  | 28a      |     | No     |  |  |  |  |  |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b      |     | No     |  |  |  |  |  |
| С   | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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? <i>If "Yes," complete Schedule M</i>  | 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, Part II, III, or IV, and Part V, line 1   | 34       | Yes |        |  |  |  |  |  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a      | Yes |        |  |  |  |  |  |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b      |     | No     |  |  |  |  |  |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "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 on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.   | 38       | Yes |        |  |  |  |  |  |
| Pa  | Statements Regarding Other IRS Filings and Tax Compliance  | <u> </u> |     |        |  |  |  |  |  |
|     | Check if Schedule O contains a response or note to any line in this Part V   |          |     |        |  |  |  |  |  |
| 4   | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   39   |          | Yes | No     |  |  |  |  |  |
|     | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 39  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0   |          |     |        |  |  |  |  |  |
|     | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |          |     |        |  |  |  |  |  |
| _   | (gambling) winnings to prize winners?  | 1c       | Yes |        |  |  |  |  |  |

|         | 990 (2021)   |            |     | Page 3 |  |  |  |
|---------|--|------------|-----|--------|--|--|--|
| Par     | Statements Regarding Other IRS Filings and Tax Compliance (continued)  |            |     |        |  |  |  |
| 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. See instructions.                  | 2b         | Yes |        |  |  |  |
|         | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         |     | No     |  |  |  |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b         |     |        |  |  |  |
|         | 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 |        |  |  |  |
| b       | If "Yes," enter the name of the foreign country: CA  |            |     |        |  |  |  |
|         | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                  | 5a         |     | No     |  |  |  |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b         |     | No     |  |  |  |
| C       | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c         |     |        |  |  |  |
| 6a      | 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 as charitable contributions?                                    | 6a         |     | No     |  |  |  |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6</b> b |     |        |  |  |  |
| 7       | Organizations that may receive deductible contributions under section 170(c).  |            |     |        |  |  |  |
| а       | 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     |  |  |  |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b         |     |        |  |  |  |
| c       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c         |     | No     |  |  |  |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year  |            |     |        |  |  |  |
| е       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e         |     | No     |  |  |  |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f         |     | No     |  |  |  |
|         | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |            |     |        |  |  |  |
| h       | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |            |     |        |  |  |  |
|         |  |            |     |        |  |  |  |
| 8       | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8          |     |        |  |  |  |
| 9       | Sponsoring organizations maintaining donor advised funds.  |            |     |        |  |  |  |
|         | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a         |     |        |  |  |  |
| b       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <b>9</b> b |     |        |  |  |  |
| 10      | 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 10b  |            |     |        |  |  |  |
| 11      | Section 501(c)(12) organizations. Enter:   |            |     |        |  |  |  |
|         | Gross income from members or shareholders  |            |     |        |  |  |  |
|         | against amounts due or received from them.)  |            |     |        |  |  |  |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a        |     |        |  |  |  |
| b       | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   |            |     |        |  |  |  |
|         |  |            |     |        |  |  |  |
| 13<br>a | Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?   | 13a        |     |        |  |  |  |
| b       | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in  |            |     |        |  |  |  |
|         | which the organization is licensed to issue qualified health plans   |            |     |        |  |  |  |
|         | Enter the amount of reserves on hand   | 14a        |     | No     |  |  |  |
|         | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b        |     | 110    |  |  |  |
|         | If the arganization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess   | T-4D       |     |        |  |  |  |
|         | parachute payment(s) during the year?  | 15         |     | No     |  |  |  |
| 16      | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.  | 16         |     | No     |  |  |  |
| 17      | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.  | 17         |     |        |  |  |  |

the following:

13

14

similar committee, explain in Schedule O.

Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for lines 82 8h or 10h helow describe the circumstances processes or changes in Schedule O. See instruction

1h

CA, CT, FL, MA, NY

| 1 a<br>15. | "No" | resp | JUI 15 | e 10 |   |
|------------|------|------|--------|------|---|
| 13.        |      |      |        |      | ✓ |

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6

7a

8h

10a

10b

11a

12a

12b

**12**c

13

14

15a

15b

16a

16b

Nο

Nο

Νo

Nο

Nο

Nο

Νo

No

No

Yes

No

Form 990 (2021)

| inies da, ob, or tob below, describe the chedinstances, processes, or changes in senedule of see instructions. |     |   |
|--|-----|---|
| Check if Schedule O contains a response or note to any line in this Part VI                                    |     |   |
| Section A. Governing Body and Management   |     |   |
|  | Yes | Τ |

|  |   |    |    | _ |     |   |  |  |  |  |
|--|---|----|----|---|-----|---|--|--|--|--|
| Section A. Governing Body and Management |   |    |    |   |     |   |  |  |  |  |
|  |   |    |    |   | Yes | N |  |  |  |  |
| 1a                                       | Enter the number of voting members of the governing body at the end of the tax year | 1a | 10 |   |     |   |  |  |  |  |
|  | If there are material differences in voting rights among members of the governing   |    |    |   |     |   |  |  |  |  |

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by

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 . . . . . . . . . . . .

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to

Did the process for determining compensation of the following persons include a review and approval by independent

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records:

Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on

**b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Did the organization become aware during the year of a significant diversion of the organization's assets? .

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?

body, or if the governing body delegated broad authority to an executive committee or

Enter the number of voting members included in line 1a, above, who are independent

Each committee with authority to act on behalf of the governing body? . . . . . . . . .

and branches to ensure their operations are consistent with the organization's exempt purposes?

Did the organization have a written document retention and destruction policy? . . . . . .

persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

. . . . . . .

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

►MARI MORESHEAD 211 HOPE STREET 1866 MOUNTAIN VIEW, CA 94042 (415) 429-6753

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

**12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . .

taxable entity during the year? .

Section C. Disclosure

Did the organization have a written whistleblower policy? . . . . . .

a The organization's CEO, Executive Director, or top management official . . . . .

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

List the states with which a copy of this Form 990 is required to be filed▶

policy, and financial statements available to the public during the tax year.

FMR SECRETARY/GEN. COUNSEL

Part VII

 $\checkmark$ 

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . 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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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

| <ul> <li>List all of the organization's former officers,<br/>of reportable compensation from the organization</li> </ul> |   |                                   |                       |         |              | sated                        | em     | ployees who receive                                | ed more than \$100                                     | 0,000   |  |
|--|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|---|--|
| <ul> <li>List all of the organization's former director<br/>organization, more than \$10,000 of reportable or</li> </ul> |   |                                   |                       |         |              |                              |        |  |  |   |  |
| See the instructions for the order in which to list  | •   |                                   | organ                 | IIZat   | 1011         | anu a                        | iiy i  | elated organization                                | <b>.</b>   |   |  |
| Check this box if neither the organization no  | '   |                                   | ion c                 | ome     | ens          | ated a                       | anv    | current officer, dire                              | ctor. or trustee.                                      |   |  |
| (A) Name and title   | (B) Average hours per week (list any hours            | (C) Position (do not check more   |                       |         |              |                              |        | (D)  Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |  |
|  | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-<br>MISC/1099-<br>NEC)                   | (W-2/1099-<br>MISC/1099-<br>NEC)                       | organization and<br>related<br>organizations        |  |
| (1) MOLLY VAN HOUWELING CHAIR  | 2.00  | Х                                 |                       | x       |              |                              |        | 0  | 0  | 0   |  |
|  | 0.00<br>2.00  |                                   |                       |         | _            |                              |        |  |  |   |  |
| (2) ALEXANDER MACGILLIVRAY VICE CHAIR (THRU 12/5/21)   | 0.00  | Х                                 |                       | x       |              |                              |        | 0  | 0  | 0   |  |
| (3) BILAL RANDEREE TREASURER   | 2.00  | Х                                 |                       | х       |              |                              |        | 0  | 0  | 0   |  |
| (4) CAROLINA BOTERO<br>BOARD MEMBER  | 2.00  | х                                 |                       |         |              |                              |        | 0  | 0  | 0   |  |
| (5) AMY BRAND<br>BOARD MEMBER  | 2.00  | х                                 |                       |         |              |                              |        | 0  | 0  | 0   |  |
| (6) GLEN BROWN<br>BOARD MEMBER   | 2.00  | х                                 |                       |         |              |                              |        | 0  | 0  | 0   |  |
| (7) DELIA BROWNE<br>BOARD MEMBER   | 2.00  | х                                 |                       |         |              |                              |        | 0  | 0  | 0   |  |
| (8) ANGELA ODUOR LUNGATI<br>BOARD MEMBER   | 2.00  | Х                                 |                       |         |              |                              |        | 0  | 0  | 0   |  |
| (9) RUTH OKEDIJI BOARD MEMBER  | 2.00  | Х                                 |                       |         |              |                              |        | 0  | 0  | 0   |  |
| (10) ALEK TARKOWSKI  | 2.00  |                                   |                       |         |              |                              |        | 0  | 0  | 0   |  |
| BOARD MEMBER (11) JENI TENNISON  | 0.00<br>2.00  |                                   |                       |         |              |                              |        |  |  |   |  |
| BOARD MEMBER   | 0.00  |                                   |                       |         |              |                              |        | 0  | 0  | 0   |  |
| (12) MARI MORESHEAD SECRETARY/DIR OF PEOPLE/OPS  | 40.00   |                                   |                       | x       |              |                              |        | 0  | 94,554   | 10,426  |  |
| (13) CATHERINE STIHLER   | 40.00   |                                   |                       | X       |              |                              |        | 243,499  | 0  | 2,223   |  |
| CEO  | 0.00  |                                   |                       |         |              |                              |        | ·  |  | ,   |  |
| (14) SARAH HINCHLIFF PEARSON<br>GENERAL COUNSEL  | 40.00   |                                   |                       | x       |              |                              |        | 154,150  | 0  | 9,910   |  |
| (15) JENNRYN WETZLER   | 0.00<br>40.00   |                                   |                       |         |              |                              |        |  |  |   |  |
| ASSISTANT DIR OF OPEN EDUCATION  | 0.00  |                                   |                       |         |              | Х                            |        | 114,408  | 0  | 6,714   |  |
| (16) CABLE GREEN DIR OF OPEN KNOWLEDGE   | 40.00   |                                   |                       |         |              | x                            |        | 166,201  | 0  | 31,854  |  |
| (17) DIANE PETERS  | 0.00  |                                   |                       |         |              |                              |        | 122.202  |  | 424   |  |

0.00

122,202

compensation from the organization ▶ 1

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

Page 8

|      |  |   | <del>′ ′</del>                    |                       |               |                         |                             |        |                            |   | ,  |                          | ,                              |          |
|------|--|---|-----------------------------------|-----------------------|---------------|-------------------------|-----------------------------|--------|----------------------------|---|--|--------------------------|--------------------------------|----------|
|      | <b>(A)</b><br>Name and title   | (B) Average hours per week (list any hours            | than c                            | ne bo                 | ox, ι<br>n of | t cho<br>Inles<br>ficer | and a                       | son    | Rep<br>comp<br>fro<br>orga | ( <b>D)</b><br>ortable<br>ensation<br>m the<br>nization | (E) Reportable compensatior from related organizations | compensation<br>from the |                                |          |
|      |  | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer       | Key employee            | Highest compens<br>employee | Former | ,                          | 2/1099-<br>099-NEC)                                     | (W-2/1099-<br>MISC/1099-NE                             |                          | organizat<br>relat<br>organiza | ed       |
|      |  |   |                                   | क                     |               |                         | sated                       |        |                            |   |  |                          |                                |          |
|      |  |   |                                   |                       |               |                         |                             |        |                            |   |  |                          |                                |          |
|      |  |   |                                   |                       |               |                         |                             |        |                            |   |  |                          |                                |          |
|      |  |   |                                   |                       |               |                         |                             |        |                            |   |  |                          |                                |          |
|      |  |   |                                   |                       |               |                         |                             |        |                            |   |  |                          |                                |          |
| 1b 9 | Sub-Total  |   |                                   |                       |               |                         | ▶                           |        |                            |   |  | 1                        |                                |          |
| _    | Fotal from continuation sheets to Pa<br>Fotal (add lines 1b and 1c)  | art VII, Section                                      |                                   |                       | ٠             |                         | <b>▶</b>                    |        |                            | 800,460   | 94,55  | 4                        |                                | 61,251   |
| 2    | Total number of individuals (including of reportable compensation from the   | but not limited                                       | to thos                           |                       |               | bove                    | e) who                      | rec    | eived mo                   | re than \$1   | 00,000   |                          |                                | <u> </u> |
| 3    | Did the organization list any <b>former</b> of   |   |                                   | ee, k                 | ey e          | mple                    | oyee, o                     | or hi  | ghest co                   | mpensated   | employee on  |                          | Yes                            | No       |
| 4    | line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is organization and related organizations | the sum of repo                                       | ortable (                         |                       |               |                         |                             |        |                            |   | n the  | 3                        | Yes                            |          |
| 5    | individual   |   |                                   |                       |               |                         |                             |        |                            | tion or ind   |  | 4                        | Yes                            |          |
|      | ection B. Independent Contract   | ,   |                                   |                       | . 5 70        | ., 50                   | ien per                     | 3077   | •                          | · · ·   |  | 5                        |                                | No       |
| 1    | Complete this table for your five higher from the organization. Report comper  | est compensate  |                                   |                       |               |                         |                             |        |                            |   |  | npens                    | sation                         |          |
|      | Name ;   | (A)<br>and business addre                             | ess                               |                       |               |                         |                             |        |                            | Desc  | (B)<br>ription of services                             |                          | (C<br>Comper                   |          |
| NATT | TUMADOTTIR,<br>HAGI A AA1/4<br>ÞARKROKUR   | Dadities dadie  |                                   |                       |               |                         |                             |        |                            |   | S AND TECH   |                          | Compe                          | 144,165  |
| ı —  |  |   |                                   |                       |               |                         |                             |        |                            |   |  |                          |                                |          |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

|  |      | (2021)  | - f F             | <b>\</b>       |            |                        |                        |  |   | Page <b>9</b>  |
|--|------|---|-------------------|----------------|------------|------------------------|------------------------|--|---|--|
| Part   | VIII | <del></del>                                       |                   |                | respo      | onse or note to any    | line in this Part VIII |  |   | 🗆  |
|  |      | Check in School                                   |                   | o comamb a     | , cope     | sise of floce to unity | (A) Total revenue      | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|  | 1a   | Federated campaig                                 | gns               | 1              | .a         |                        |                        | revenue                                |   | 312 - 314  |
| ants   | b    | Membership dues                                   |                   |                | .b         |                        |                        |  |   |  |
| Contributions, Gifts, Grants and Other Similar Amounts | С    | Fundraising events                                | s .               | 1              | Lc         |                        |                        |  |   |  |
|  | u    | Related organization                              |                   | <u> </u>       | .d         |                        |                        |  |   |  |
| Contributions, Gift<br>and Other Similar               | _    | Government grants (                               |                   | · <u> </u>     | .е         | 342,523                |                        |  |   |  |
| lion:<br>r Si  | f    | All other contributions and similar amounts above | s, gift<br>not ir | cludod         | Lf         | 9,163,965              |                        |  |   |  |
| ibu<br>Ithe  | g    | Noncash contribution                              | s incl            | uded in        |            |                        |                        |  |   |  |
| on to  | ١.   | lines 1a - 1f:\$                                  | 4.5               |                | .g         |                        |                        |  |   |  |
| <u>ة ت</u>   | h    | Total. Add lines 1a                               | a-1f              |                | • •        | ►                      | 9,506,488              |  |   |  |
|  | 3-   | PROGRAM SERVICE F                                 | FES               |                |            | Business Code          | 346,552                | 346,552                                |   |  |
| <u> 9</u>  | 24   | THOUSIAN SERVICE I                                | LLJ               |                |            | 611430                 |                        |  |   |  |
| Ven  | Ь    | ,   |                   |                |            | 1                      |                        |  |   |  |
| Program Service Revenue                                |      |   |                   |                |            |                        |                        |  |   |  |
| rvic   | C    |   |                   |                |            |                        |                        |  |   |  |
| Şe   | d    | l   |                   |                |            |                        |                        |  |   |  |
| gran   | e    |   |                   |                |            |                        |                        |  |   |  |
| δ  |      |   |                   |                |            |                        |                        |  |   |  |
|  |      | All other program                                 |                   |                |            |                        |                        |  |   |  |
|  | -    | Total. Add lines 2                                |                   |                |            | 346,552                | 1                      | Т                                      |   |  |
|  |      | Investment income<br>similar amounts) .           |                   |                | nas, i     | interest, and other    | 111                    | 3                                      |   | 113  |
|  |      | Income from invest                                | tmen              | t of tax-exen  | npt b      |                        | -                      |  |   |  |
|  | 5    | Royalties   | _                 | (i) Real       | •          | (ii) Personal          | •                      |  |   |  |
|  |      |   |                   | (I) Neal       |            | (II) Personal          |                        |  |   |  |
|  |      | Gross rents                                       | 6a                |                |            |                        |                        |  |   |  |
|  | b    | Less: rental expenses                             | 6b                |                |            |                        |                        |  |   |  |
|  | С    | Rental income or (loss)                           | 6c                |                |            |                        |                        |  |   |  |
|  | 6    | Net rental income                                 |                   | (loss)         |            | · · · · <b>•</b>       | -                      |  |   |  |
|  |      |   |                   | (i) Securit    | ies        | (ii) Other             |                        |  |   |  |
|  | 7a   | Gross amount<br>from sales of                     | 7a                |                |            |                        |                        |  |   |  |
|  |      | assets other<br>than inventory                    |                   |                |            |                        |                        |  |   |  |
|  | b    | Less: cost or other basis and                     | 7b                |                |            |                        |                        |  |   |  |
|  |      | sales expenses                                    |                   |                |            |                        |                        |  |   |  |
|  | c    | Gain or (loss)                                    | 7с                |                |            |                        |                        |  |   |  |
|  | c    | Net gain or (loss)                                | •                 |                |            |                        |                        |  |   |  |
| <u>e</u>   | 8a   | Gross income from fu<br>(not including \$         |                   | of             |            |                        |                        |  |   |  |
| en (en   |      | contributions reporte<br>See Part IV, line 18     | d on              | line 1c).      |            |                        |                        |  |   |  |
| Other Revenue  | l b  | Less: direct expen                                |                   |                | 8a<br>8b   |                        | _                      |  |   |  |
| ıer  |      | : Net income or (los                              |                   |                | l<br>ng ev | ents                   |                        |  |   |  |
|  | 0-   | Gross income from                                 | a a na            | ing activities |            |                        |                        |  |   |  |
|  | Эa   | See Part IV, line 19                              | yanı              | · ·            | 9a         |                        |                        |  |   |  |
|  | b    | Less: direct expen                                | ses               |                | 9b         |                        |                        |  |   |  |
|  | ·    | : Net income or (los                              | ss) fr            | om gaming a    | ctivit     | ies                    | _                      |  |   |  |
|  | 10   | aGross sales of inve                              | entor             | ry, less       |            |                        |                        |  |   |  |
|  |      | returns and allowa                                |                   |                | 10a        |                        |                        |  |   |  |
|  |      | Less: cost of good                                |                   |                | 10b        |                        | 45                     | 5 455                                  |   |  |
|  | _    | Net income or (los<br>Miscellaneo                 | _                 |                | nvent      | tory ► Business Code   | 13.                    | 133                                    |   |  |
|  | 11   | •aOTHER INCOME                                    |                   | -              |            | 90009                  | 1:                     | 1 11                                   |   |  |
|  |      |   |                   |                |            |                        |                        |  |   |  |
|  | b    | ,   |                   |                |            |                        |                        |  |   |  |
|  |      |   |                   |                |            |                        |                        |  |   |  |
|  | c    |   |                   |                |            |                        |                        |  |   |  |
|  |      | All ad  |                   |                |            |                        |                        | 1                                      |   |  |
|  |      | All other revenue  Total. Add lines 1             |                   |                |            | •                      | 1                      |  |   |  |
|  |      | : Total. Add lines 1<br>! Total revenue. S        |                   |                |            |                        | 1:                     | 1                                      |   |  |
|  |      | . Total revenue. S                                | ee Ir             | isu uctions .  | •          | • • • •                | 9,853,619              | 9 347,018                              |   | 0 113  |

| Form 990 (2021)  |                         |                                    |   | Page <b>10</b>                        |  |  |  |  |  |
|--|-------------------------|------------------------------------|---|---------------------------------------|--|--|--|--|--|
| Part IX Statement of Functional Expenses   |                         |                                    |   |                                       |  |  |  |  |  |
| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).                 |                         |                                    |   |                                       |  |  |  |  |  |
| Check if Schedule O contains a response or note to a   | ny line in this Part IX |                                    |   | 🗹                                     |  |  |  |  |  |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses   | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |  |  |  |  |  |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                                     | 6,500                   | 6,500                              |   |                                       |  |  |  |  |  |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   | 1,491                   | 1,491                              |   |                                       |  |  |  |  |  |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 11,050                  | 11,050                             |   |                                       |  |  |  |  |  |
| <b>4</b> Benefits paid to or for members   |                         |                                    |   |                                       |  |  |  |  |  |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 492,807                 | 165,630                            | 279,122                                   | 48,055                                |  |  |  |  |  |
|  |                         |                                    |   |                                       |  |  |  |  |  |

|    | check if Schedule O contains a response of flote to an   | ly line in this Fait in | <del></del>                        |   | 🖭                                     |
|----|--|-------------------------|------------------------------------|---|---------------------------------------|
|    | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses   | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1  | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 6,500                   | 6,500                              |   |                                       |
| 2  | Grants and other assistance to domestic individuals. See Part IV, line 22  | 1,491                   | 1,491                              |   |                                       |
| 3  | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.                  | 11,050                  | 11,050                             |   |                                       |
| 4  | Benefits paid to or for members  |                         |                                    |   |                                       |
| 5  | Compensation of current officers, directors, trustees, and key employees   | 492,807                 | 165,630                            | 279,122                                   | 48,055                                |
| 6  | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ |                         |                                    |   |                                       |
| 7  | Other salaries and wages   | 1,055,102               | 528,988                            | 357,990                                   | 168,124                               |
| 8  | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)  | 60,170                  | 25,335                             | 26,213                                    | 8,622                                 |
| 9  | Other employee benefits  | 131,386                 | 24,471                             | 93,767                                    | 13,148                                |
| 10 | Payroll taxes  | 117,095                 | 59,497                             | 46,639                                    | 10,959                                |
| 11 | Fees for services (non-employees):   |                         |                                    |   |                                       |
| a  | a Management   |                         |                                    |   |                                       |
| ı  | D Legal  | 49,406                  |                                    | 49,406                                    |                                       |
| •  | Accounting   | 39,328                  |                                    | 39,328                                    |                                       |
| •  | il Lobbying  |                         |                                    |   |                                       |
| •  | e Professional fundraising services. See Part IV, line 17  |                         |                                    |   |                                       |
| 1  | Investment management fees   |                         |                                    |   |                                       |
| 9  | g Other (If line 11g amount exceeds 10% of line 25, column<br>(A) amount, list line 11g expenses on Schedule O)                                    | 595,265                 | 303,664                            | 182,715                                   | 108,886                               |
| 12 | Advertising and promotion  | 10,252                  | 195                                | 9,945                                     | 112                                   |
| 13 | Office expenses  | 41,640                  | 431                                | 40,695                                    | 514                                   |
| 14 | Information technology   | 201,622                 | 11,913                             | 181,239                                   | 8,470                                 |
| 15 | Royalties  |                         |                                    |   |                                       |
| 16 | Occupancy  | 7,132                   | 880                                | 5,229                                     | 1,023                                 |
| 17 | Travel   | 1,370                   | 153                                | 1,144                                     | 73                                    |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials .   |                         |                                    |   |                                       |
| 19 | Conferences, conventions, and meetings   | 61,049                  | 60,400                             | 649                                       |                                       |
| 20 | Interest   |                         |                                    |   |                                       |
| 21 | Payments to affiliates   |                         |                                    |   |                                       |
| 22 | Depreciation, depletion, and amortization  |                         |                                    |   |                                       |
| 23 | Insurance  | 43,907                  |                                    | 43,907                                    |                                       |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e, If line 24e amount                                    |                         |                                    |   |                                       |

| nefits paid to or for members   |           |           |           |         |
|---|-----------|-----------|-----------|---------|
| mpensation of current officers, directors, trustees, and y employees  | 492,807   | 165,630   | 279,122   | 48,055  |
| mpensation not included above, to disqualified persons (as fined under section 4958(f)(1)) and persons described in ction 4958(c)(3)(B)   |           |           |           |         |
| her salaries and wages  | 1,055,102 | 528,988   | 357,990   | 168,124 |
| nsion plan accruals and contributions (include section 401 ) and 403(b) employer contributions)   | 60,170    | 25,335    | 26,213    | 8,622   |
| her employee benefits   | 131,386   | 24,471    | 93,767    | 13,148  |
| yroll taxes   | 117,095   | 59,497    | 46,639    | 10,959  |
| es for services (non-employees):  |           |           |           |         |
| anagement   |           |           |           |         |
| gal   | 49,406    |           | 49,406    |         |
| counting  | 39,328    |           | 39,328    |         |
| bbying  |           |           |           |         |
| ofessional fundraising services. See Part IV, line 17   |           |           |           |         |
| vestment management fees  |           |           |           |         |
| her (If line 11g amount exceeds 10% of line 25, column ) amount, list line 11g expenses on Schedule 0)  | 595,265   | 303,664   | 182,715   | 108,886 |
| vertising and promotion   | 10,252    | 195       | 9,945     | 112     |
| fice expenses   | 41,640    | 431       | 40,695    | 514     |
| formation technology  | 201,622   | 11,913    | 181,239   | 8,470   |
| yalties   |           |           |           |         |
| cupancy   | 7,132     | 880       | 5,229     | 1,023   |
| avel  | 1,370     | 153       | 1,144     | 73      |
| yments of travel or entertainment expenses for any deral, state, or local public officials  | · ·       |           |           |         |
| nferences, conventions, and meetings  | 61,049    | 60,400    | 649       |         |
| terest  |           |           |           |         |
| yments to affiliates  |           |           |           |         |
| preciation, depletion, and amortization   |           |           |           |         |
| surance   | 43,907    |           | 43,907    |         |
| her expenses. Itemize expenses not covered above (List scellaneous expenses in line 24e. If line 24e amount ceeds 10% of line 25, column (A) amount, list line 24e penses on Schedule O.) |           |           |           |         |
| AYROLL PROCESSING FEES  | 118,545   |           | 118,545   |         |
| BUS. REGISTRATION FEES  | 40,813    |           | 40,813    |         |
| PROFESSIONAL/ORG DEVEL.   | 11,893    | 40        | 11,853    |         |
| OB POSTING  | 1,625     | 340       | 1,189     | 96      |
| All other expenses  | 27,654    | 6,170     | 19,735    | 1,749   |
| tal functional expenses. Add lines 1 through 24e  | 3,127,102 | 1,207,148 | 1,550,123 | 369,831 |
| int costs. Complete this line only if the every insting   |           |           |           |         |

749 331 Form **990** (2021)

misc exce exp a PA **b** BU c PR **d** JO e All 25 Tota **26 Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Form 990 (2021)

25

26

27

28

31

32

33

Fund Balances

ō 29

Assets 30 Page **11** 

682,444

2.696,433

6,205,368

8,901,801

9,584,245

Form 990 (2021)

| Check | if | Sche | edule |
|-------|----|------|-------|
|       |    |      |       |
|       |    |      |       |

|   |  | 0 0 ,     |   | ·         |
|---|--|-----------|---|-----------|
| 1 | Cash-non-interest-bearing              | 263,514   | 1 | 2,013,000 |
| 2 | Savings and temporary cash investments | 2,467,854 | 2 | 2,467,854 |
| 3 | Pledges and grants receivable, net     | 155,624   | 3 | 5,048,666 |
|   |  |           |   |           |

Beginning of year

25

26

27

28

29

30

31

32

33

764.217

2.061.575

2,175,325

2,939,542

113,750

Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons

O contains a response or note to any line in this Part IX .

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net . . . 8 Inventories for sale or use . .

Assets Prepaid expenses and deferred charges . 50,219 9 52,435 10a Land, buildings, and equipment: cost or other 10a 8,265 basis. Complete Part VI of Schedule D 10b 6,657 1,608 10c 1,608

b Less: accumulated depreciation 723 11 Investments—publicly traded securities . 11 682 12 Investments—other securities. See Part IV, line 11 . 12 13 13 Investments—program-related. See Part IV, line 11

14 14 Intangible assets . 15 15 Other assets. See Part IV, line 11 . . . 2,939,542 16 16 Total assets. Add lines 1 through 15 (must equal line 33) . 17 Accounts payable and accrued expenses 267,091 17

38.393 18 18 Grants payable .

9,584,245 168,935 116.277 19 87.500 19 26.000 Deferred revenue . . . 20 Tax-exempt bond liabilities . . 20

21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 22

Liabilities 23 Secured mortgages and notes payable to unrelated third parties 23 24 371,233 24 371.232 Unsecured notes and loans payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \end{and} \)

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow FASB ASC 958, check here <a> \square</a> and

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

3a

3h

No

Form 990 (2021)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

#### Additional Data

Software ID:

**Software Version:** 

**EIN:** 04-3585301

Name: CREATIVE COMMONS CORPORATION

Form 990 (2021)

#### Form 990, Part III, Line 4a:

CC CERTIFICATE - OFFER THE CREATIVE COMMONS CERTIFICATE, AN IN-DEPTH COURSE FOR PEOPLE INTERESTED IN BECOMING EXPERTS IN CREATING AND ENGAGING WITH OPENLY LICENSED WORKS. GLAM - THE OPENGLAM PROGRAM SUPPORT THE ADOPTION OF PROGRESSIVE OPEN ACCESS POLICIES BY GLAM INSTITUTIONS, INCLUDING THE ADOPTION OF CREATIVE COMMONS TOOLS. THIS INCLUDES PROMOTING THE LARGE SCALE, GLOBAL ACCEPTANCE OF OPEN POLICIES BY THESE INSTITUTIONS, TOGETHER WITH AN UNDERSTANDING OF THE BENEFITS OF SUCH POLICIES TO ACHIEVE KNOWLEDGE EQUITY.CC LICENSES - PROVIDE CREATIVE COMMONS LICENSES AND PUBLIC DOMAIN TOOLS THAT GIVE EVERY PERSON AND ORGANIZATION IN THE WORLD A FREE, SIMPLE, AND STANDARDIZED WAY TO GRANT COPYRIGHT PERMISSIONS FOR CREATIVE AND ACADEMIC WORKS; ENSURE PROPER ATTRIBUTION; AND ALLOW OTHERS TO COPY, DISTRIBUTE, AND MAKE USE OF THOSE WORKS. GLOBAL SUMMIT - PRODUCE CC SUMMIT, AN ANNUAL EVENT THAT BRINGS TOGETHER AN INTERNATIONAL GROUP OF EDUCATIONS, ARTISTS, TECHNOLOGISTS, LEGAL EXPERTS. AND ACTIVISTS TO PROMOTE THE POWER OF OPEN LICENSING AND GLOBAL ACCESS POLICY: PRODUCE FDUCATIONAL AND POLICY POSTITON PAPERS

COPYRIGHT PERMISSIONS FOR CREATIVE AND ACADEMIC WORKS; ENSURE PROPER ATTRIBUTION; AND ALLOW OTHERS TO COPY, DISTRIBUTE, AND MAKE USE OF THOS WORKS.GLOBAL SUMMIT - PRODUCE CC SUMMIT, AN ANNUAL EVENT THAT BRINGS TOGETHER AN INTERNATIONAL GROUP OF EDUCATORS, ARTISTS, TECHNOLOGISTS, LEGAL EXPERTS, AND ACTIVISTS TO PROMOTE THE POWER OF OPEN LICENSING AND GLOBAL ACCESS.POLICY: PRODUCE EDUCATIONAL AND POLICY POSITION PAPERS ON ISSUES RELATING TO COPYRIGHT REFORM FOR THE POLICY MAKERS AND THE PUBLIC.OPEN EDUCATION: MINIMIZE BARRIERS TO EFFECTIVE EDUCATION THROUGH TRAINING, MENTORING AND ADVOCACY ON USING OPEN LICENSES AND OPEN POLICIES TO MAXIMIZE THE BENEFITS OF OPEN EDUCATIONAL RESOURCES AND PRACTICES. THROUGH OUR DIRECT FEE-FOR-SERVICE CONSULTATIONS, CREATIVE COMMONS HELPS ORGANIZATIONS DEVELOP OPEN LICENSING EXPERTISE, AND A DEFPER UNDERSTANDING OF RECOMMENDED PRACTICES FOR SHARING THEIR CONTENT WITH THE PUBLIC.

| efile GRAPHIC print - DO NOT PROC |          |                              | SS As Filed Data - DLN: 934933110   |                   |  |   |                                     | 3493311030902   |   |
|-----------------------------------|----------|------------------------------|---|-------------------|--|---|-------------------------------------|---|---|
| SCI                               | 1ED      | ULE A                        | Dubl  | ic C              | harity Statu   | e and Dul   | hlic Sunn                           | ort   | OMB No. 1545-0047                               |
| (For                              | m 990    | <b>0)</b> The Treasury       | Complete if t   | he org            | ganization is a sect<br>4947(a)(1) nonexe<br>▶ Attach to Form !                            | ion 501(c)(3)<br>empt charitable<br>990 or Form 99              | organization or<br>trust.<br>00-EZ. | a section   | 2021  |
| Interna                           | l Reven  | nue Service                  | ► Go to <u>ww</u>   | w.irs.            | <i>gov/Form990</i> for in  | nstructions and   | I the latest info                   | ormation.   | Open to Public<br>Inspection                    |
|                                   |          | he organiza<br>MMONS CORP    |   |                   |  |   |                                     | Employer identific                                      | ation number                                    |
|                                   |          |                              |   |                   |  |   |                                     | 04-3585301  |   |
| Pa                                |          |                              | for Public Charity S<br>a private foundation bed  |                   |  |   |                                     | See instructions.                                       |   |
| 1 1                               | rganiz   |                              | onvention of churches,  |                   | •  | •   |                                     | (A)(;)  |   |
| 2                                 |          | ·                            | scribed in section 170  |                   |  |   |                                     | (A)(I).   |   |
|                                   |          |                              |   |                   |  | ,   | , ,                                 | :::>  |   |
| 3                                 |          | ·                            | r a cooperative hospita   |                   | _  |   |                                     | •   | orkers Alexa December Ha                        |
| 4                                 | Ш        | name, city,                  | esearch organization op<br>and state:   | perate            | d in conjunction with  | a hospital descr  | ibed in section :                   | 170(b)(1)(A)(III). E                                    | nter the nospital's                             |
| 5                                 |          |                              | ition operated for the bation (Iv). (Complete Part II.  |                   | of a college or unive  | rsity owned or o  | perated by a gov                    | ernmental unit descri                                   | bed in <b>section 170</b>                       |
| 6                                 |          | A federal, s                 | tate, or local governme   | nt or o           | governmental unit de   | scribed in <b>sectio</b>  | on 170(b)(1)(A                      | ()(v).  |   |
| 7                                 | <b>✓</b> |                              | tion that normally rece $\mathbf{0(b)(1)(A)(vi)}$ . (Com  |                   |  | s support from a  | governmental u                      | init or from the gener                                  | al public described in                          |
| 8                                 |          | A communi                    | ty trust described in <b>se</b>   | ction             | 170(b)(1)(A)(vi).  | (Complete Part I  | I.)                                 |   |   |
| 9                                 |          |                              | ıral research organizati<br>ant college of agricultu  |                   |  |   |                                     |   | ege or university or a                          |
| 10                                |          | from activit<br>investment   | ition that normally rece<br>ies related to its exemp<br>income and unrelated l<br>see section 509(a)(2) | ot func<br>busine | tions—subject to cert<br>ss taxable income (le   | tain exceptions,  | and (2) no more                     | than 33 1/3% of its s                                   | upport from gross                               |
| 11                                |          |                              | tion organized and ope  | -                 |  | r public safety. S  | See section 509                     | (a)(4).   |   |
| 12                                |          | more public                  | ition organized and ope<br>ly supported organizati<br>a through 12d that desc                           | ions de           | escribed in <b>section 5</b>   | 09(a)(1) or se  | ction 509(a)(2                      | ). See <mark>section 509</mark> (a                      |   |
| a                                 |          | <b>Type I.</b> A so          | upporting organization<br>n(s) the power to regular<br>Part IV, Sections A ar                           | opera             | ted, supervised, or co   | ontrolled by its s  | upported organiz                    | zation(s), typically by                                 |   |
| b                                 |          | manageme                     | supporting organization<br>nt of the supporting org<br>plete Part IV, Section                           | janizat           | tion vested in the san   |   |                                     |   |   |
| С                                 |          |                              | unctionally integrated<br>organization(s) (see ins  |                   |  |   |                                     |   | ited with, its                                  |
| d                                 |          | Type III n                   | on-functionally integ<br>integrated. The organi<br>). You must complete                                 | rated<br>zation   | <ul> <li>A supporting organi<br/>generally must satis</li> </ul>                           | ization operated<br>fy a distribution                           | in connection wi                    | th its supported organ                                  |   |
| e                                 |          | Check this                   | oox if the organization oor Type III non-functio  | receive           | ed a written determir  | nation from the I   |                                     | pe I, Type II, Type II                                  | I functionally                                  |
| f                                 | Enter    |                              | of supported organizat  |                   | · · · · · · · · · · ·  | -   |                                     |   |   |
| g                                 | Provi    | de the follow                | ing information about t   |                   |  |   |                                     |   |   |
|                                   | (i) N    | Name of supp<br>organizatior |   | N                 | (iii) Type of<br>organization<br>(described on lines<br>1- 10 above (see<br>instructions)) | in your governing document? monetary supprines (see instruction |                                     | (v) Amount of<br>monetary support<br>(see instructions) | (vi) Amount of other support (see instructions) |
|                                   |          |                              |   |                   |  | Yes   | No                                  |   |   |
|                                   |          |                              |   | -+                |  |   |                                     |   |   |
|                                   |          |                              |   |                   |  |   |                                     |   |   |
| Tota                              |          |                              | tion Act Notice, see t  |                   | _  | Cat. No. 1128!  |                                     | Schedule  |   |

| P        | art III Support Schedule for  |                 |                    |                  |                  |           |                 |
|----------|---|-----------------|--------------------|------------------|------------------|-----------|-----------------|
|          | (Complete only if you ch  |                 |                    |                  |                  |           | under Part III. |
|          | If the organization failed  | to qualify unde | r the tests listed | below, please of | complete Part II | II.)      |                 |
| S        | ection A. Public Support  |                 |                    |                  |                  |           |                 |
|          | Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2017        | <b>(b)</b> 2018    | (c) 2019         | (d) 2020         | (e) 2021  | (f) Total       |
| L        | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")   | 1,477,689       | 1,775,335          | 2,736,370        | 718,244          | 9,506,488 | 16,214,126      |
| <u>!</u> | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                 |                    |                  |                  |           |                 |
| 3        | The value of services or facilities furnished by a governmental unit to the organization without charge   |                 |                    |                  |                  |           |                 |
|          | <b>Total.</b> Add lines 1 through 3   | 1,477,689       | 1,775,335          | 2,736,370        | 718,244          | 9,506,488 | 16,214,126      |
| 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 (f) |                 |                    |                  |                  |           | 9,502,660       |
| 5        | Public support. Subtract line 5 from line 4.  |                 |                    |                  |                  |           | 6,711,466       |
| S        | ection B. Total Support   |                 | -                  |                  |                  |           |                 |
|          | Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2017        | <b>(b)</b> 2018    | (c) 2019         | (d) 2020         | (e) 2021  | (f) Total       |
| 7        | Amounts from line 4   | 1,477,689       | 1,775,335          | 2,736,370        | 718,244          | 9,506,488 | 16,214,126      |
| 8        | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties and<br>income from similar sources   | 133,858         | 160,825            | 95,503           | 13,212           |           |                 |
| 9        | Net income from unrelated business  |                 |                    |                  |                  |           |                 |

|             | line 1 that exceeds 2% of the amount shown on line 11, column (f)   |  |   |  |  |                                  |                |                 |
|-------------|---|--|---|--|--|----------------------------------|----------------|-----------------|
| 6           | Public support. Subtract line 5 from line 4.  |  |   |  |  |                                  |                | 6,711,466       |
| S           | Section B. Total Support  |  |   |  |  |                                  |                |                 |
|             | Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2017   | <b>(b)</b> 2018                         | <b>(c)</b> 2019                            | (d) 2020                                     | (e) ?                            | 2021           | (f) Total       |
| 7           | Amounts from line 4   | 1,477,689  | 1,775,335                               | 2,736,370                                  | 718,244                                      | ,                                | 9,506,488      | 16,214,126      |
| 8           | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties and<br>income from similar sources.                        | 133,858  | 160,825                                 | 95,503                                     | 13,212                                       |                                  | 113            | 403,511         |
| 9           | Net income from unrelated business activities, whether or not the business is regularly carried on  |  |   |  |  |                                  |                |                 |
| 10          | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  | -648   |   |  |  |                                  |                | -648            |
| 11          | <b>Total support.</b> Add lines 7 through 10  |  |   |  |  |                                  |                | 16,616,989      |
| 12          | Gross receipts from related activities,   | etc. (see instructio                             | ons)                                    |  |  | 12                               |                | 863,601         |
| 13          | First 5 years. If the Form 990 is for t   | he organization's f                              | first, second, third,                   | , fourth, or fifth ta                      | x year as a sectio                           | n 501(c)                         | (3) organi:    | zation, check   |
|             | this box and <b>stop here</b>   |  |   |  |  |                                  | • 🗆            |                 |
| _           | Section C. Computation of Public  |  |   |  |  |                                  |                |                 |
|             | Public support percentage for 2021 (lin   |  | _                                       | column (f))                                |  | 14                               |                | 40.390 %        |
| 15          | Public support percentage for 2020 Sc   |  |   |  |  | 15                               |                | 24.830 %        |
| 16:         | 33 1/3% support test—2021. If the   | organization did r                               | not check the box                       | on line 13, and lin                        | e 14 is 33 1/3% o                            | r more, c                        | heck this      |                 |
|             | and <b>stop here.</b> The organization quali<br>33 1/3% support test—2020. If th  | fies as a publicly s<br>e organization did       | supported organiza<br>not check a box o | ntion<br>n line 13 or 16a, a               |  | <br>./3% or m                    | <br>nore, chec | . ▶ ☑<br>k this |
| <b>17</b> a | box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organizatio in Part VI how the organization meets | :— <b>2021.</b> If the org<br>n meets the "facts | ganization did not<br>and-circumstance  | check a box on lin<br>es" test, check this | e 13, 16a, or 16b<br>box and <b>stop h</b> e | , and line<br>e <b>re.</b> Expla | e 14<br>ain    |                 |
|             |   |  |   |  |  |                                  |                |                 |

01 % % b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Schedule A (Form 990) 2021

Page 2

| che              | dule A (Form 990) 2021  |                       |                   |                         |   |                |                 | Page <b>3</b> |
|------------------|---|-----------------------|-------------------|-------------------------|---|----------------|-----------------|---------------|
| P                | Support Schedule for  |                       |                   |                         |   |                |                 |               |
|                  | (Complete only if you c   |                       |                   |                         |   |                | y under Part II | I. If         |
|                  | the organization fails to   | qualify under t       | the tests listed  | pelow, please co        | omplete Part II.)                             | l              |                 |               |
| Se               | ction A. Public Support  Calendar year                                    |                       |                   | 1                       |   |                |                 |               |
|                  | (or fiscal year beginning in) ▶   | <b>(a)</b> 2017       | <b>(b)</b> 2018   | (c) 2019                | (d) 2020                                      | <b>(e)</b> 20: | 21 <b>(f)</b> T | otal          |
| 1                | Gifts, grants, contributions, and   |                       |                   |                         |   |                |                 |               |
|                  | membership fees received. (Do not   |                       |                   |                         |   |                |                 |               |
| 2                | include any "unusual grants.") . Gross receipts from admissions,          |                       |                   |                         |   |                |                 |               |
| 2                | merchandise sold or services  |                       |                   |                         |   |                |                 |               |
|                  | performed, or facilities furnished in                                     |                       |                   |                         |   |                |                 |               |
|                  | any activity that is related to the                                       |                       |                   |                         |   |                |                 |               |
| 3                | organization's tax-exempt purpose Gross receipts from activities that are |                       |                   |                         |   |                |                 |               |
| 3                | 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                                       |                       |                   |                         |   |                |                 |               |
| e                | the organization without charge   |                       |                   |                         |   |                |                 |               |
| 6<br>7a          | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and   |                       |                   |                         |   |                |                 |               |
| / d              | 3 received from disqualified persons                                      |                       |                   |                         | <u>                                      </u> |                |                 |               |
| b                | Amounts included on lines 2 and 3   |                       |                   |                         |   |                |                 |               |
|                  | received from other than disqualified                                     |                       |                   |                         |   |                |                 |               |
|                  | persons that exceed the greater of<br>\$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.)   |                       |                   |                         |   |                |                 |               |
| 36               | ction B. Total Support  |                       |                   | 1                       |   |                |                 |               |
|                  | Calendar year<br>(or fiscal year beginning in) ▶                          | (a) 2017              | <b>(b)</b> 2018   | (c) 2019                | (d) 2020                                      | (e) 20         | 21 <b>(f)</b> T | otal          |
| 9                | Amounts from line 6   |                       |                   |                         |   |                |                 |               |
| .0a              | Gross income from interest,   |                       |                   |                         |   |                |                 |               |
|                  | dividends, payments received on   |                       |                   |                         |   |                |                 |               |
|                  | securities loans, rents, royalties and income from similar sources        |                       |                   |                         |   |                |                 |               |
| h                | Unrelated business taxable income   |                       |                   |                         |   |                |                 |               |
| -                | (less section 511 taxes) from   |                       |                   |                         |   |                |                 |               |
|                  | businesses acquired after June 30,  |                       |                   |                         |   |                |                 |               |
| _                | 1975.   |                       |                   |                         |   |                |                 |               |
| с<br>11          | Add lines 10a and 10b.  Net income from unrelated business                |                       |                   |                         |   |                |                 |               |
|                  | activities not included on 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 VI.)   |                       |                   |                         |   |                |                 |               |
| 13               | Total support. (Add lines 9, 10c,   |                       |                   |                         |   |                |                 |               |
|                  | 11, and 12.) First 5 years. If the Form 990 is for the                    | ne organization's     | iret second thir  | <br>  fourth or fifth t | av vear as a soction                          | n 501(a)(3     | 2) organization |               |
| L4               | •   | -                     |                   |                         | •   | . , ,          | , .             |               |
| 6-               | check this box and stop here  |                       |                   | <u> </u>                |   |                | <u> </u>        | <u> —</u>     |
| <u>5e</u><br>l5  | Public support percentage for 2021 (lin                                   |                       |                   | column (f))             |   | 15             |                 |               |
|                  | Public support percentage from 2020 S                                     |                       |                   |                         |   |                |                 |               |
| L6<br><b>S</b> a |   |                       |                   |                         |   | 16             |                 |               |
|                  | ction D. Computation of Investi<br>Investment income percentage for 202   |                       |                   | line 13 column (f       | :))   | 4-             |                 |               |
| L7               |   | -                     |                   | •                       |   | 17             |                 |               |
| 18               | Investment income percentage from 20                                      |                       |                   |                         |   | 18             | and line 47 :   | -             |
|                  | 331/3% support tests—2021. If the   |                       |                   |                         |   |                |                 | JU            |
|                  | more than 33 1/3%, check this box and s                                   |                       |                   |                         |   |                |                 | 10:           |
| b                | 33 1/3% support tests—2020. If the  | -                     |                   |                         | · ·   |                |                 | 16 18 is      |
|                  | not more than 33 1/3%, check this box                                     | and <b>stop here.</b> | The organization  | qualities as a publ     | icly supported orga                           | anization .    | ▶⊔_             |               |
| 20               | Private foundation. If the organization                                   | on did not check a    | box on line 14. 1 | 9a. or 19b. check       | this box and see i                            | instructions   | : ▶∣            |               |

6

7

8

answer line 10b below.

the organization had excess business holdings).

Part IV Supporting Organizations

6

7

8

10a

10b Schedule A (Form 990) 2021

Page 4

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box

12d, of Part I, complete Sections A and D, and complete Part V.)

| Section A. All Supporting Organizations |  |   |  |  |  |  |  |  |  |  |  |     |         |
|---|--|---|--|--|--|--|--|--|--|--|--|-----|---------|
|   |  |   |  |  |  |  |  |  |  |  |  | Yes | N       |
|   |  | , |  |  |  |  |  |  |  |  |  |     | $T^{-}$ |

Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

2 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations.

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

organization's supported organizations? If "Yes," provide detail in Part VI.

Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting

9a organization had an interest? If "Yes," provide detail in Part VI. 9b

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets

in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a

|    | nedule A (Form 990) 2021   |             | F       | age <b>5</b> |
|----|--|-------------|---------|--------------|
| Pä | art IV Supporting Organizations (continued)  |             |         |              |
|    |  |             | Yes     | No           |
| 11 | ,  |             |         |              |
| а  | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, governing body of a supported organization?  | the 11a     |         |              |
| h  | b A family member of a person described on 11a above?  | 11b         |         |              |
|    | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in F  |             |         |              |
| _  | VI. Section B. Type I Supporting Organizations   |             |         |              |
| -  | Section B. Type I Supporting Organizations   |             | Yes     | No           |
| 1  | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if an applied to such powers during the tax year. |             | 103     | 110          |
|    | applied to such powers during the tax year.  | 1           |         |              |
| 2  | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.  |             |         |              |
|    |  |             |         |              |
|    | Section C. Type II Supporting Organizations  |             | Yes     | No           |
| 1  | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustee  | s of        | 165     | NO           |
| -  | each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  |             |         |              |
| _  | Section D. All Type III Supporting Organizations   |             |         |              |
|    | section D. All Type III Supporting Organizations   |             | Yes     | No           |
| 1  | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing   |             | 1       |              |
|    |  |             |         |              |
|    | documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   |             |         |              |
| 2  |  |             |         |              |
| 3  | By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant   | 2           |         |              |
| 3  | voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this rega   | 5 -         |         |              |
| -5 | Section E. Type III Functionally-Integrated Supporting Organizations   |             |         |              |
| 1  | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst  | ructions):  |         |              |
|    | The organization satisfied the Activities Test. Complete line 2 below.   |             |         |              |
|    | b The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.   |             |         |              |
|    | c The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity   | (see instru | ctions) |              |
| 2  | Activities Test. <b>Answer lines 2a and 2b below.</b>  |             | Yes     | No           |
|    | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supporte organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  | ed 2a       |         |              |
|    | <b>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |             |         |              |
| 3  | Parent of Supported Organizations. Answer lines 3a and 3b below.   |             |         |              |
|    | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in <b>Part VI</b> .   |             |         |              |
|    | <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.  | 3h          |         |              |

instructions)

Page **6** 

| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in <b>Part VI</b> ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. |            |                           |                                |  |  |  |  |  |
|---|--|------------|---------------------------|--------------------------------|--|--|--|--|--|
|   | Section A - Adjusted Net Income  |            | (A) Prior Year            | (B) Current Year<br>(optional) |  |  |  |  |  |
| 1 | Net short-term capital gain  | 1          |                           |                                |  |  |  |  |  |
| 2 | Recoveries of prior-year distributions   | 2          |                           |                                |  |  |  |  |  |
| 3 | Other gross income (see instructions)  | 3          |                           |                                |  |  |  |  |  |
| 4 | Add lines 1 through 3  | 4          |                           |                                |  |  |  |  |  |
| 5 | Depreciation and depletion   | 5          |                           |                                |  |  |  |  |  |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)   | 6          |                           |                                |  |  |  |  |  |
| 7 | Other expenses (see instructions)  | 7          |                           |                                |  |  |  |  |  |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8          |                           |                                |  |  |  |  |  |
|   | Section B - Minimum Asset Amount   |            | (A) Prior Year            | (B) Current Year<br>(optional) |  |  |  |  |  |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | 1          |                           |                                |  |  |  |  |  |
| a | Average monthly value of securities  | 1a         |                           |                                |  |  |  |  |  |
| b | Average monthly cash balances  | <b>1</b> b |                           |                                |  |  |  |  |  |
| С | Fair market value of other non-exempt-use assets   | 1c         |                           |                                |  |  |  |  |  |
| d | Total (add lines 1a, 1b, and 1c)   | 1d         |                           |                                |  |  |  |  |  |
| e | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |            |                           |                                |  |  |  |  |  |
| 2 | Acquisition indebtedness applicable to non-exempt use assets   | 2          |                           |                                |  |  |  |  |  |
| 3 | Subtract line 2 from line 1d   | 3          |                           |                                |  |  |  |  |  |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | 4          |                           |                                |  |  |  |  |  |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5          |                           |                                |  |  |  |  |  |
| 6 | Multiply line 5 by 0.035   | 6          |                           |                                |  |  |  |  |  |
| 7 | Recoveries of prior-year distributions   | 7          |                           |                                |  |  |  |  |  |
| 8 | Minimum Asset Amount (add line 7 to line 6)  | 8          |                           |                                |  |  |  |  |  |
|   | Section C - Distributable Amount   |            |                           | Current Year                   |  |  |  |  |  |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1          |                           |                                |  |  |  |  |  |
| 2 | Enter 85% of line 1  | 2          |                           |                                |  |  |  |  |  |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3          |                           |                                |  |  |  |  |  |
| 4 | Enter greater of line 2 or line 3  | 4          |                           |                                |  |  |  |  |  |
| 5 | Income tax imposed in prior year   | 5          |                           |                                |  |  |  |  |  |
| 6 | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6          |                           |                                |  |  |  |  |  |
| 7 | Check here if the current year is the organization's first as a non-functionally-in  | ntegrate   | ed Type III supporting or | ganization (see                |  |  |  |  |  |

e Excess from 2021. . . . .

Schedule A (Form 990) (2021)

Page 7

Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 7 Distributions to attentive supported organizations to which the organization is responsive (provide

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

7 Total annual distributions. Add lines 1 through 6. 8 details in Part VI). See instructions Distributable amount for 2021 from Section C, line 6 9 10 10 Line 8 amount divided by Line 9 amount (ii) (iii) Section E - Distribution Allocations (i) Underdistributions Distributable **Excess Distributions** (see instructions) Pre-2021 Amount for 2021

1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in **Part VI**). See instructions.

3 Excess distributions carryover, if any, to 2021: a From 2016. . . . . . **b** From 2017. . . . . . . **c** From 2018. . . . . . **d** From 2019. . . . . . e From 2020. . . . . . f Total of lines 3a through e

q Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$

a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 3j and 4c.

7 Excess distributions carryover to 2022. Add lines 8 Breakdown of line 7: a Excess from 2017. . . . . **b** Excess from 2018. . . . c Excess from 2019. . . . . d Excess from 2020.

| Schedule A (Form 990) 2021  | Page <b>8</b>                             |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1 Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   | Facts And Circumstances Test              |  |  |  |  |  |
|   |   |  |  |  |  |  |
| 990 Schedule A, Suppleme  | ntal Information                          |  |  |  |  |  |
| Return Reference  | Explanation                               |  |  |  |  |  |
| SCHEDULE A, PART II, LINE 10,<br>EXPLANATION OF OTHER<br>INCOME:  | OTHER INCOME/LOSS - 2017 AMOUNT: \$ -648. |  |  |  |  |  |

**SCHEDULE C** 

### **Political Campaign and Lobbying Activities**

DLN: 93493311030902

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

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. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

Open to Public Inspection

| • 8<br>• 8<br>• 8<br>• 8<br>• 8<br>• 9<br>• 9 | Section 501(c) (other than section 5<br>Section 527 organizations: Complete organization answered "Yes" of<br>Section 501(c)(3) organizations that<br>Section 501(c)(3) organizations that | n Form 990, Part IV, Line 4, or Form<br>have filed Form 5768 (election unde<br>have NOT filed Form 5768 (election<br>n Form 990, Part IV, Line 5 (Proxy 1<br>s), then | arts I-A and C below.<br>• 990-EZ, Part VI, Iir<br>•r section 501(h)): Co<br>under section 501(h | ne <b>47 (Lobbying Activities</b><br>Implete Part II-A. Do not co<br>I): Complete Part II-B. Do i | omplete Part II-B.<br>not complete Part II-A.  |
|---|--|---|--|---|--|
| Nar   | ne of the organization   |   |  | Employer iden   | tification number  |
| CRE   | ATIVE COMMONS CORPORATION  |   |  |   |  |
| Do.   | t I-A Complete if the orga   | nization is exempt under sect   | tion FO1(a) or io  | 04-3585301  |  |
| 1   | Provide a description of the organ   | ization's direct and indirect political of  |  |   |  |
| _   | "political campaign activities."   |   |  |   |  |
| 2<br>3  |  | itures. See instructions  |  |   | \$   |
|   |  | aign activities. See instructions   |  |   |  |
|   | <u> </u>   | nization is exempt under sect   |  |   |  |
| 1   | •  | x incurred by the organization under  |  |   | \$   |
| 2   | · ·  | x incurred by organization managers   |  |   | \$   |
| 3   | •  | tion 4955 tax, did it file Form 4720 fo   | •  |   | ☐ Yes ☐ No   |
| 4a  | Was a correction made?   |   |  |   | ☐ Yes ☐ No   |
| b   | If "Yes," describe in Part IV.   |   |  |   |  |
| Par   | t I-C Complete if the orga   | nization is exempt under sect   | ion 501(c), exce   | ept section 501(c)(3)   |  |
| 1   | Enter the amount directly expend   | ed by the filing organization for secti   | on 527 exempt funct  | ion activities 🕨  | \$   |
| 2   |  | anization's funds contributed to othe   |  |   | \$   |
| 3   | Total exempt function expenditure  | es. Add lines 1 and 2. Enter here and   | on Form 1120-POL,  | line 17b ▶  | \$   |
| 4   | Did the filing organization file For   | m 1120-POL for this year?   |  |   | Yes No   |
| 5   | organization made payments. For of political contributions received  | employer identification number (EIN)<br>each organization listed, enter the a<br>that were promptly and directly deliv<br>see (PAC). If additional space is neede     | mount paid from the<br>ered to a separate p  | filing organization's funds<br>olitical organization, such a                                      | . Also enter the amount  |
|   | (a) Name   | <b>(b)</b> Address  | (c) EIN  | (d) Amount paid from<br>filing organization's<br>funds. If none, enter<br>-0                      | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| 1   |  |   |  |   |  |
| 2   |  |   |  |   |  |
| 3   |  |   |  |   |  |
| 4   |  |   |  |   |  |
| 5   |  |   |  |   |  |
| 6   |  |   |  |   |  |
| or P  | aperwork Reduction Act Notice, see   | the instructions for Form 990.  | Cat  | . No. 50084S <b>Sc</b>  | hedule C (Form 990) 2021   |

Page 2

(d) 2021

306,355

14,129

76,589

7,114

Schedule C (Form 990) 2021

(e) Total

1,327,698

1,991,547

33,034

331,925

497,888

22,098

Schedule C (Form 990) 2021

7,015 Total lobbying expenditures to influence a legislative body (direct lobbying) ..... Total lobbying expenditures (add lines 1a and 1b) ..... 14,129 Other exempt purpose expenditures ..... 3,112,973 3,127,102 Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both 306,355 columns. 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 line 1f) ..... 76,589 Subtract line 1g from line 1a. If zero or less, enter -0-. Subtract line 1f from line 1c. If zero or less, enter -0-. j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No

section 4911 tax for this year? ..... 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

(a) 2018

304,272

76,068

8.465

(b) 2019

360,577

4,499

90,144

1,271

(c) 2020

356,494

14,406

89,124

5.248

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

Return Reference

|                  | complete if the organization is exempt under section 501(c)(3) and has NOT fill Form 5768 (election under section 501(h)).  | ed            |         |          |               |     |
|------------------|---|---------------|---------|----------|---------------|-----|
| -or              | each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying   | (             | a)      |          | (b)           |     |
|                  | vity.   | Yes           | No      | <b>_</b> | lmoun         | t   |
| L                | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:   |               |         |          |               |     |
| а                | Volunteers?   |               |         |          |               |     |
| b                |   |               |         | 1        |               |     |
| c                | Media advertisements?   |               |         | 1        |               |     |
| d                | Mailings to members, legislators, or the public?  |               |         |          |               | _   |
| e                | Publications, or published or broadcast statements?   |               |         |          |               |     |
| f                | Grants to other organizations for lobbying purposes?  |               |         |          |               |     |
| g                | Direct contact with legislators, their staffs, government officials, or a legislative body?   |               |         |          |               |     |
| h                | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |               |         |          |               | _   |
| i                | Other activities?   |               |         |          |               | _   |
| j                | Total. Add lines 1c through 1i  |               |         |          |               | _   |
| а                | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |               |         |          |               |     |
| b                | If "Yes," enter the amount of any tax incurred under section 4912   |               |         | 1        |               |     |
| c                | If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |               |         |          |               |     |
| d                | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |               |         |          |               |     |
| 'a               | rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  | (5), 0        | r secti | on       | Yes           | N   |
| 1                | Were substantially all (90% or more) dues received nondeductible by members?  |               | Г       | 1        |               |     |
| 2                | Did the organization make only in-house lobbying expenditures of \$2,000 or less?   |               | F       | 2        |               |     |
| 3                | Did the organization agree to carry over lobbying and political expenditures from the prior year?   |               | 🕇       | 3        |               |     |
| a                | rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."   |               |         |          | <b>01(</b> c) | )(6 |
|                  | Dues, assessments and similar amounts from members  | 1             |         |          |               | _   |
|                  | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political   |               |         |          |               |     |
|                  | expenses for which the section 527(f) tax was paid).  |               |         |          |               |     |
| 2                | expenses for which the section 527(f) tax was paid).  Current year  | 2a            |         |          |               |     |
| a<br>b           | expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  | 2b            |         |          |               |     |
| a<br>b<br>c      | expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total   | 2b<br>2c      |         |          |               |     |
| a<br>b<br>c      | expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  | 2b            |         |          |               |     |
| b                | expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political | 2b<br>2c<br>3 |         |          |               |     |
| 2<br>a<br>b<br>c | expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does  | 2b<br>2c      |         |          |               |     |

Explanation

**SCHEDULE D** 

DLN: 93493311030902

OMB No. 1545-0047

2021

### **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

Department of the Treasury

(Form 990)

| interr | nal Revenue Service  | <u>1990</u> for instructions and the latest infor | mation. Inspection                               |
|--------|--|---|--|
|        | me of the organization<br>EATIVE COMMONS CORPORATION   |   | Employer identification number                   |
|        | art I Organizations Maintaining Donor Advi   | and Friede or Other Similar Friede o              | 04-3585301                                       |
| - (    | Organizations Maintaining Donor Advisor Complete if the organization answered "Ye  | sed Funds of Other Similar Funds of               | r Accounts.                                      |
|        | ,  | (a) Donor advised funds                           | (b) Funds and other accounts                     |
| 1      | Total number at end of year  |   |  |
| 2      | Aggregate value of contributions to (during year)  |   |  |
| 3      | Aggregate value of grants from (during year)   |   |  |
| 4      | Aggregate value at end of year   |   |  |
| 5      | Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex  |   |  |
| 6      | Did the organization inform all grantees, donors, and do<br>charitable purposes and not for the benefit of the donor<br>private benefit?                       | or donor advisor, or for any other purpose o      |  |
| Pa     | rt II Conservation Easements.  |   |  |
|        | Complete if the organization answered "Ye  |   |  |
| 1      | Purpose(s) of conservation easements held by the organ   | _ ' ' ' '   |  |
|        | Preservation of land for public use (e.g., recreation  | or education)                                     | historically important land area                 |
|        | Protection of natural habitat  | ☐ Preservation of a c                             | ertified historic structure                      |
|        | Preservation of open space   |   |  |
| 2      | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.  | qualified conservation contribution in the form   | m of a conservation  Held at the End of the Year |
| а      | Total number of conservation easements   |   | 2a   |
| b      | Total acreage restricted by conservation easements   |   | 2b   |
| c      | Number of conservation easements on a certified histori  | c structure included in (a)                       | 2c   |
| d      | Number of conservation easements included in (c) acqui structure listed in the National Register   | red after 7/25/06, and not on a historic          | 2d   |
| 3      | Number of conservation easements modified, transferre tax year ▶   | d, released, extinguished, or terminated by t     | he organization during the:                      |
| 4      | Number of states where property subject to conservation  | n easement is located <b>&gt;</b>                 | <u></u>  |
| 5      | Does the organization have a written policy regarding the and enforcement of the conservation easements it holds   |   | of violations,  Yes No                           |
| 6      | Staff and volunteer hours devoted to monitoring, inspec  | ting, handling of violations, and enforcing co    | nservation easements during the year             |
| 7      | Amount of expenses incurred in monitoring, inspecting,  \$ \\$   | handling of violations, and enforcing conserv     | ation easements during the year                  |
| 8      | Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?  |   | 70(h)(4)(B)(i)                                   |
| 9      | In Part XIII, describe how the organization reports cons<br>balance sheet, and include, if applicable, the text of the   | footnote to the organization's financial state    | nse statement, and                               |
| Pai    | the organization's accounting for conservation easemen  IT III Organizations Maintaining Collections   | of Art, Historical Treasures, or Othe             | er Similar Assets.                               |
| 1a     | Complete if the organization answered "Ye  If the organization elected, as permitted under FASB AS   |   | t and balance sheet works of art                 |
| Ia     | historical treasures, or other similar assets held for publ<br>Part XIII, the text of the footnote to its financial statem                                     | lic exhibition, education, or research in furthe  |  |
| b      | If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publifollowing amounts relating to these items: |   |  |
|        | (i) Revenue included on Form 990, Part VIII, line 1  |   | ▶\$  |
|        | ii)Assets included in Form 990, Part X   |   |  |
| 2      | If the organization received or held works of art, historic following amounts required to be reported under FASB A   | cal treasures, or other similar assets for finar  |  |
| а      | Revenue included on Form 990, Part VIII, line 1  | <u> </u>  | <b>&gt;</b> \$                                   |
| b      |  |   |  |

Cat. No. 52283D

Schedule D (Form 990) 2021

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

| Par        | t III         | Organizations M  | aintaining Col               | lections o   | of Art, H      | listori  | cal Tr      | easu    | res, or   | Other         | Similar A    | ssets (cor    | ntinued)           |          |
|------------|---------------|--|------------------------------|--------------|----------------|----------|-------------|---------|-----------|---------------|--------------|---------------|--------------------|----------|
| 3          |               | g the organization's acq<br>s (check all that apply):  |                              | n, and other | records,       | check a  | any of      | the fol | lowing t  | hat are a     | significant  | use of its co | ollection          |          |
| а          |               | Public exhibition                                      |                              |              |                | d        |             | Loan    | or excha  | ange prog     | ırams        |               |                    |          |
| b          |               | Scholarly research                                     |                              |              |                | е        |             | Other   |           |               |              |               |                    |          |
| С          |               | Preservation for future                                | e generations                |              |                |          |             |         |           |               |              |               |                    |          |
| 4          | Provi<br>Part | ide a description of the XIII.                         | organization's col           | lections and | l explain l    | now the  | y furth     | er the  | organiz   | ation's ex    | kempt purpo  | ose in        |                    |          |
| 5          |               | ng the year, did the org<br>ts to be sold to raise fur |                              |              |                |          |             |         |           |               |              | ☐ Yes         | □ <b>N</b> •       | o        |
| Pai        | rt IV         | Escrow and Cust<br>Complete if the or<br>X, line 21.   |                              |              | " on For       | m 990,   | , Part      | IV, lir | ne 9, or  | reporte       | ed an amo    | unt on For    | m 990,             | Part     |
| 1a         |               | e organization an agent<br>ded on Form 990, Part       |                              |              |                |          |             |         |           |               |              | Yes           | □ n•               | <b>D</b> |
| b          | If "Y         | es," explain the arrange                               | ement in Part XIII           | and comple   | ete the fo     | llowing  | table:      |         | [         |               | <u> </u>     | Mount         |                    | _        |
| С          |               | nning balance  |                              |              |                | _        |             |         |           | 1c            |              |               |                    | _        |
| d          | _             | tions during the year .                                |                              |              |                |          |             |         |           | 1d            |              |               |                    | -        |
| е          |               | ibutions during the year                               |                              |              |                |          |             |         |           | 1e            |              |               |                    | _        |
| f          |               | ng balance   |                              |              |                |          |             |         | h         | 1f            |              |               |                    | _        |
| 2a         |               | the organization include                               |                              |              |                |          |             |         | _         | ccount lia    | ability?     | ☐ Yes         |                    | –<br>n   |
|            |               | es," explain the arrange                               |                              |              |                |          |             |         |           |               |              |               |                    |          |
|            | rt V          | Endowment Fun  |                              | . CHECK HEI  | c ii die ex    | финан    | OII IIGS    | been    | provided  | 1 III 1 G1C / | XIII         |               |                    |          |
|            |               | Complete if the or                                     |                              | vered "Yes   | " on For       | m 990,   | , Part      | IV, lir | ne 10.    |               |              |               |                    |          |
|            |               | •  |                              | (a) Currei   |                |          | rior yea    |         |           | ears back     | (d) Three ye | ears back (e  | <b>)</b> Four year | s back_  |
| <b>1</b> a | Begini        | ning of year balance .                                 |                              |              |                |          |             |         |           |               |              |               |                    |          |
| b          | Contri        | butions  |                              |              |                |          |             |         |           |               |              |               |                    |          |
| С          | Net in        | vestment earnings, gair                                | ns, and losses               |              |                |          |             |         |           |               |              |               |                    |          |
| d          | Grants        | s or scholarships                                      |                              |              |                |          |             |         |           |               |              |               |                    |          |
|            |               | expenditures for faciliting                            | es                           |              |                |          |             |         |           |               |              |               |                    |          |
| f          | Admin         | istrative expenses .                                   |                              |              |                |          |             |         |           |               |              |               |                    |          |
| g          | End of        | f year balance   |                              |              |                |          |             |         |           |               |              |               |                    |          |
| 2          | Prov          | ide the estimated perce                                | ntage of the curre           | ent year end | d balance      | (line 1g | g, colur    | nn (a)  | ) held as | s:            |              |               |                    |          |
| а          | Boar          | d designated or quasi-e                                | ndowment ►                   |              |                |          |             |         |           |               |              |               |                    |          |
| b          | Perm          | nanent endowment ►                                     |                              |              |                |          |             |         |           |               |              |               |                    |          |
| С          | Term          | n endowment 🕨  |                              |              |                |          |             |         |           |               |              |               |                    |          |
|            | The           | percentages on lines 2a                                |                              | ld equal 100 | 0%.            |          |             |         |           |               |              |               |                    |          |
| 3а         |               | here endowment funds<br>nization by:                   | not in the posses            | sion of the  | organizati     | ion that | are he      | eld and | d admini  | stered fo     | r the        |               | Yes                | No       |
|            | (i) U         | Inrelated organizations                                |                              |              |                |          |             |         |           |               |              | 3a(i          |                    |          |
| b          | ٠,            | Related organizations<br>es" on 3a(ii), are the re     |                              |              | <br>required o | n Sche   | <br>dule Rî |         | : :       |               |              | 3a(ii<br>. 3b | -                  |          |
| 4          | Desc          | ribe in Part XIII the inte                             | ended uses of the            | organizatio  | n's endov      | vment f  | unds.       |         |           |               |              |               |                    |          |
| Pai        | rt VI         |  |                              |              |                |          |             |         |           |               |              |               |                    |          |
|            |               | Complete if the or                                     |                              |              |                |          |             |         |           |               |              |               |                    |          |
|            | Descr         | iption of property                                     | (a) Cost or oth<br>(investme |              | (b) Cost       | or other | basis (c    | ther)   | (c) Acci  | umulated o    | lepreciation | (d)           | Book value         | •        |
| 1a         | Land          |  |                              |              |                |          |             |         |           |               |              |               |                    |          |
| b          | Buildir       | ngs  |                              |              |                |          |             |         |           |               |              |               |                    |          |
| c          | Leasel        | hold improvements                                      |                              |              |                |          |             |         |           |               |              |               |                    |          |
| d          | Equip         | ment   |                              |              |                |          |             | 8,265   |           |               | 6,657        |               |                    | 1,608    |
| е          | Other         |  |                              |              |                |          |             |         |           |               |              |               |                    |          |
|            |               | lines 1a through 1e (C                                 | Column (d) must s            | aual Form    | 990 Part       | X colu   | mn (R)      | line    | 10(c)     |               | •            |               |                    | 1 609    |

| Part VII              | Complete if the organization answered "Yes" on Form 990,   | Part IV              | line 11h       | See Fo     | rm 990 Part X I                          | ine 12                               |
|-----------------------|--|----------------------|----------------|------------|--|--------------------------------------|
|                       | (a) Description of security or category (including name of security)   | (b)<br>Book<br>value |                |            | (c) Method of value<br>or end-of-year ma | ation:                               |
|                       | ll derivatives   |                      |                |            |  |                                      |
| (A)                   |  |                      |                |            |  |                                      |
| (C)                   |  |                      |                |            |  |                                      |
| (D)                   |  |                      |                |            |  |                                      |
| (E)                   |  |                      |                |            |  |                                      |
| (F)                   |  |                      |                |            |  |                                      |
| (G)                   |  |                      |                |            |  |                                      |
| (H)                   |  |                      |                |            |  |                                      |
| (H)                   |  |                      |                |            |  |                                      |
| Total. (Colum         | n (b) must equal Form 990, Part X, col. (B) line 12.)  | <u> </u>             |                |            |  |                                      |
| Part VIII             | <b>Investments - Program Related.</b> Complete if the organization answered 'Yes' on Form 990,   | Part IV.             | line 11c       | . See Fo   | rm 990, Part X,                          | ine 13.                              |
|                       | (a) Description of investment  | ,                    | <b>(b)</b> Boo |            | (c) Method                               | l of valuation:<br>year market value |
| (1)                   |  |                      |                |            | 2001 01 0110 01                          | year market value                    |
| (2)                   |  |                      |                |            |  |                                      |
| (3)                   |  |                      |                |            |  |                                      |
| (4)                   |  |                      |                |            |  |                                      |
| (5)                   |  |                      |                |            |  |                                      |
| (6)                   |  |                      |                |            |  |                                      |
| (7)                   |  |                      |                |            |  |                                      |
| (8)                   |  |                      |                |            |  |                                      |
| (9)                   |  |                      |                |            |  |                                      |
| (10)                  |  |                      |                |            |  |                                      |
|                       | n (b) must equal Form 990, Part X, col.(B) line 13.)   | ١                    |                |            |  |                                      |
| Part IX               | Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description   | Part IV,             | line 11d       | . See Fori | m 990, Part X, line                      | 15. (b) Book value                   |
| (1)                   | (a) Description  |                      |                |            |  | (b) Book value                       |
| (2)                   |  |                      |                |            |  |                                      |
| (3)                   |  |                      |                |            |  |                                      |
| (4)                   |  |                      |                |            |  |                                      |
| (5)                   |  |                      |                |            |  |                                      |
| (6)                   |  |                      |                |            |  |                                      |
| (7)                   |  |                      |                |            |  |                                      |
| (8)                   |  |                      |                |            |  |                                      |
| (9)                   |  |                      |                |            |  |                                      |
| (10)                  |  |                      |                |            |  |                                      |
| Total. (Colu          | mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  |                      |                |            | •  |                                      |
|                       | Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability   |                      | line 11e       | or 11f.S   | ee Form 990, Pa                          | rt X, line 25. (b) Book valu         |
| <b>1. (1)</b> Federal | income taxes   | У                    |                |            |  | (B) Book valu                        |
| (2)                   |  |                      |                |            |  |                                      |
| (3)                   |  |                      |                |            |  |                                      |
| (4)                   |  |                      |                |            |  |                                      |
| (5)                   |  |                      |                |            |  |                                      |
| (6)                   |  |                      |                |            |  |                                      |
| (7)                   |  |                      |                |            |  |                                      |
| (8)                   |  |                      |                |            |  |                                      |
| (9)                   |  |                      |                |            |  |                                      |
|                       | n (b) must equal Form 990, Part X, col.(B) line 25.)   |                      |                |            | <b>•</b>                                 |                                      |
| •                     | or uncertain tax positions. In Part XIII, provide the text of the footno<br>'s liability for uncertain tax positions under FIN 48 (ASC 740). Check |                      | _              |            |  | · -                                  |

Schedule D (Form 990) 2021

Page 4

|       | Complete if the organi                       | zation answered 'Yes' on Form 990, Part                               | : IV, li   | ne 12a.                    |                | <u></u>                   |
|-------|--|---|------------|----------------------------|----------------|---------------------------|
| 1     | Total revenue, gains, and other su           | upport per audited financial statements                               |            |                            | 1              |                           |
| 2     | Amounts included on line 1 but no            | ot on Form 990, Part VIII, line 12:                                   |            |                            |                |                           |
| а     | Net unrealized gains (losses) on in          | nvestments  | 2a         |                            |                |                           |
| b     | Donated services and use of facility         | ties  | 2b         |                            |                |                           |
| c     | Recoveries of prior year grants .            |   | 2c         |                            |                |                           |
| d     | Other (Describe in Part XIII.) $\ .$         |   | 2d         |                            |                |                           |
| е     | Add lines 2a through 2d                      |   |            |                            | 2e             |                           |
| 3     | Subtract line <b>2e</b> from line <b>1</b> . |   |            |                            | 3              |                           |
| 4     | Amounts included on Form 990, P              | art VIII, line 12, but not on line 1:                                 |            |                            |                |                           |
| а     | Investment expenses not included             | on Form 990, Part VIII, line 7b .                                     | 4a         |                            |                |                           |
| b     | Other (Describe in Part XIII.) $\ .$         |   | 4b         |                            |                |                           |
| С     | Add lines 4a and 4b                          |   |            |                            | 4c             |                           |
| 5     | Total revenue. Add lines 3 and 4c            | . (This must equal Form 990, Part I, line 12.)                        |            |                            | 5              |                           |
| Par   |  | penses per Audited Financial Statem                                   |            | • •                        | Retur          | n                         |
| 1     | •  | zation answered 'Yes' on Form 990, Part<br>dited financial statements |            |                            | 1              |                           |
| 2     | Amounts included on line 1 but no            |   |            |                            | <u> </u>       |                           |
| a     | Donated services and use of facility         | , ,   | 2a         | 1                          |                |                           |
| b     | Prior year adjustments                       |   | 2b         |                            | 1              |                           |
| c     | Other losses                                 |   | 2c         |                            | 1              |                           |
| d     | Other (Describe in Part XIII.)               |   | 2d         |                            | -              |                           |
| e     | Add lines 2a through 2d                      |   | Zu         |                            | 2e             |                           |
| 3     | Subtract line <b>2e</b> from line <b>1</b>   |   | •          |                            | 3              |                           |
| 4     | Amounts included on Form 990, P              |   |            |                            | <u> </u>       |                           |
| a     | · ·  | on Form 990, Part VIII, line 7b                                       | 4a         | 1                          |                |                           |
| b     | Other (Describe in Part XIII.)               | , , , , , , , , , , , , , , , , , , ,                                 | 4b         |                            | 1              |                           |
| c     | Add lines <b>4a</b> and <b>4b</b>            |   |            |                            | 4 <sub>C</sub> |                           |
| 5     |  | c. (This must equal Form 990, Part I, line 18.                        |            |                            | 5              |                           |
|       | t XIII Supplemental Info                     |   | <i>,</i> . |                            |                |                           |
|       | • • •  | art II, lines 3, 5, and 9; Part III, lines 1a and                     | 4· Parl    | - IV lines 1h and 2h: Part | · V line       | 4: Part Y line 2: Part    |
|       |  | 2d and 4b. Also complete this part to provide                         |            |                            | , , , ,,,,     | - 17 Fare X, line 27 Fare |
|       | Return Reference                             |   | Ex         | olanation                  |                |                           |
| See A | Additional Data Table                        |   |            |                            |                |                           |
|       |  |   |            |                            |                |                           |
|       |  |   |            |                            |                |                           |
|       |  |   |            |                            |                |                           |
|       |  |   |            |                            |                |                           |

| Page <b>5</b> |  | chedule D (Form 990) 2020 |  |  |  |  |  |
|---------------|--|---------------------------|--|--|--|--|--|
|               | Part XIII Supplemental Information (continued) |                           |  |  |  |  |  |
|               | Explanation                                    | Return Reference          |  |  |  |  |  |
|               |  |                           |  |  |  |  |  |
|               |  |                           |  |  |  |  |  |
|               |  |                           |  |  |  |  |  |
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|               |  |                           |  |  |  |  |  |
|               |  |                           |  |  |  |  |  |

Schedule D (Form 990) 2021

### **Additional Data**

Software ID: Software Version:

**EIN:** 04-3585301

CREATIVE COMMONS' TAX FILINGS AND DOES NOT BELIEVE THAT ANY MATERIAL UNCERTAIN TAX POSITIO

Name: CREATIVE COMMONS CORPORATION

Supplemental Information

NS EXIST.

Return Reference Explanation

PART X, LINE 2: CREATIVE COMMONS IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3)
AND IS EXEMPT FROM CALIFORNIA TAX UNDER SECTION 23701D OF THE REVENUE TAXATION CODE. CREA
TIVE COMMONS RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE NOT
LIKELY TO BE SUSTAINED. MANAGEMENT CONTINUOUSLY EVALUATES TAX POSITIONS REFLECTED IN THE

| efile GRAPHIC print -                                  | DO NOT PROCESS                             | As Filed Data         | -  | DLN:   | 93493311030902   |  |  |  |
|--|--|-----------------------|--|--|--|--|--|--|
| SCHEDULE F<br>(Form 990)                               | Statement of                               | of Activities         | Outside the Un                                 | ited States  | OMB No. 1545-0047  |  |  |  |
| (1 0,111 000)  | ► Complete if the or                       | -                     | Yes" to Form 990, Part IV, I                   | ine 14b, 15, or 16.  | 2021   |  |  |  |
|  | ► Go to www.                               |                       | to Form 990.<br>instructions and the latest in | aformation   | Open to Public   |  |  |  |
| Department of the Treasury<br>Internal Revenue Service | P GO to WWW                                | .iis.gov/roimsso ioi  | mistractions and the latest n                  | normation.   | Inspection   |  |  |  |
| Name of the organization                               |  |                       |  | Employer ider  | tification number  |  |  |  |
| CREATIVE COMMONS CORPO                                 | ORATION                                    |                       |  | 04-3585301   |  |  |  |  |
| Part I General Inf                                     | ormation on Activi                         | ties Outside the      | United States. Comple                          |  | nswered "Yes" on   |  |  |  |
| Form 990, Pa   | art IV, line 14b.                          |                       | •  | _  |  |  |  |  |
| 1 For grantmakers.                                     | Does the organization                      | maintain records to   | substantiate the amoun                         | t of its grants and  |  |  |  |  |
| •  |  | -                     | stance, and the selection                      | criteria used  |  |  |  |  |
| to award the grants                                    | or assistance?                             |                       |  |  | ✓ Yes  ☐ No  |  |  |  |
| For grantmakers. I outside the United S                |  | organization's proce  | edures for monitoring the                      | use of its grants and ot   | her assistance   |  |  |  |
| 3 Activites per Region. (                              | The following Part I, lin                  | e 3 table can be dupl | icated if additional space is                  | s needed.)   |  |  |  |  |
| (a) Region   | <b>(b)</b> Numbe<br>offices in t<br>region |                       | fundraising, program                           | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures<br>for and investments<br>in the region |  |  |  |
| ( 1) See Add'l Data                                    |  |                       | regioni  |  |  |  |  |  |
| ( 2)   |  |                       |  |  |  |  |  |  |
| (3)  |  |                       |  |  |  |  |  |  |
| (4)  |  |                       |  |  |  |  |  |  |
| ( 5)   |  |                       |  |  |  |  |  |  |
| 3a Sub-total   | n sheets to                                | 0 (                   | )  |  | 11,050   |  |  |  |
| Part I   | Lal.                                       | 0 (                   |  |  | 0  |  |  |  |
| c Totals (add lines 3a ar                              |  | ٠ - ١                 | )<br>Cat                                       | No. 50082W Schedu  | 11,050<br>le F (Form 990) 2021                                 |  |  |  |

| ,    |  |  |  |  |
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| ( 3) |  |  |  |  |
|      |  |  |  |  |
| (4)  |  |  |  |  |
|      |  |  |  |  |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . . . . . . .

| Schedule F (Form 990) 2021      |                           |                            |                          |                                    |  |   | Page <b>3</b>  |
|---------------------------------|---------------------------|----------------------------|--------------------------|------------------------------------|--|---|--|
|                                 |                           |                            |                          | <b>ed States.</b> Complete if      | f the organization an                  | swered "Yes" on Form                        | 990, Part IV, line 16.   |
| Part III can be d               | <u>Juplicated if addi</u> | <u>itional space is ne</u> | eded.                    |                                    |  |   |  |
| (a) Type of grant or assistance | (b) Region                | (c) Number of recipients   | (d) Amount of cash grant | (e) Manner of cash<br>disbursement | (f) Amount of<br>noncash<br>assistance | (g) Description<br>of noncash<br>assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
| (1) See Add'l Data              |                           |                            |                          |                                    |  |   |  |
| (2)                             |                           |                            |                          |                                    |  |   |  |
| (3)                             |                           |                            |                          |                                    |  |   |  |
| (4)                             |                           |                            |                          |                                    |  |   |  |
| (5)                             |                           |                            |                          |                                    |  |   |  |
| (6)                             |                           |                            |                          |                                    |  |   |  |
| (7)                             |                           |                            |                          |                                    |  |   |  |
| (8)                             |                           |                            |                          |                                    |  |   |  |
| (9)                             |                           |                            |                          |                                    |  |   |  |
| ( 10)                           |                           |                            |                          |                                    |  |   |  |
| (11)                            |                           |                            |                          |                                    |  |   |  |

| ( 6)  |  |  |  |  |
|-------|--|--|--|--|
| (7)   |  |  |  |  |
| (8)   |  |  |  |  |
| (9)   |  |  |  |  |
| ( 10) |  |  |  |  |
| ( 11) |  |  |  |  |

(12) (13) (14) (15) (16) (17) (18)

| Sche | dule F (Form 990) 2021  |              | Page <b>4</b> |
|------|---|--------------|---------------|
| Par  | t IV Foreign Forms  |              |               |
| 1    | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)  | <b>✓</b> Yes | □No           |
| 2    | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes          | <b>☑</b> No   |
| 3    | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)   | <b>✓</b> Yes | □No           |
| 4    | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).   | Yes          | <b>☑</b> No   |
| 5    | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)  | Yes          | <b>☑</b> No   |
| 6    | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).   | Yes          | <b>☑</b> No   |

| Schedule F (Form 990) 2021   |   |  |  |  |
|--|---|--|--|--|
| Part V  Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting me amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to pro any additional information. See instructions. |   |  |  |  |
| 990 Schedu   | lle F, Supplemental Information   |  |  |  |
| Return<br>Reference  | Explanation   |  |  |  |
| PART I, LINE   | GRANTS ARE MEANT TO PROVIDE QUICK, PRACTICAL-LEVEL SUPPORT FOR ACTIVITIES, PROJECTS, AND EVENTS DONE BY |  |  |  |

SUPPORTERS AND ADVOCATES OF CREATIVE COMMONS FROM KICKSTARTING PROJECTS, FACILITATING TRAVEL AND MENTORSHIPS,

TO SUPPORTING THE ORGANIZATION OF CC-THEMED EVENTS AROUND THE GLOBE.

990 Schedule F, Supplemental Information

Return Reference

Explanation

| Return Reference            | Explanation |
|-----------------------------|-------------|
| PART III ACCOUNTING METHOD: |             |

### **Additional Data**

SOUTH AMERICA -

ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

### Software ID: Software Version:

**EIN:** 04-3585301

Name: CREATIVE COMMONS CORPORATION

2,250

### Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region   | (b) Number of<br>offices in the<br>region | (c) Number of<br>employees or<br>agents in<br>region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures<br>for region |
|--|---|--|--|--|--------------------------------------|
| NORTH AMERICA - CANADA<br>AND MEXICO, BUT NOT THE<br>UNITED STATES | 0   | 0  | GRANTMAKING  |  | 200                                  |

0 GRANTMAKING

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region agents in fundraising, program describe specific type of region services, grants to service(s) in region region recipients located in the region) 0 IGRANTMAKING 5,600 EUROPE (INCLUDING ICELAND | & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM SOUTH ASIA - AFGHANISTAN, 0 IGRANTMAKING 250 BANGLADESH, BHUTAN, INDIA. MALDIVES, NEPAL.

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region agents in fundraising, program describe specific type of region services, grants to service(s) in region region recipients located in the region) 0 IGRANTMAKING 1.750 SUB-SAHARAN AFRICA -ANGOLA, BENIN, BOTSWANA, BURKINA FASO. EAST ASIA AND THE PACIFIC -0 IGRANTMAKING 1,000 AUSTRALIA, BRUNEI, BURMA, CAMBODIA.

| Form 990 Schedi                    | Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S |                               |                             |                                    |   |  |  |  |  |  |  |  |  |
|------------------------------------|---|-------------------------------|-----------------------------|------------------------------------|---|--|--|--|--|--|--|--|--|
| (a) Type of grant<br>or assistance | (b) Region  | (c)Number<br>of<br>recipients | (d) Amount of<br>cash grant | (e) Manner of cash<br>disbursement | (f) Amount of<br>non-cash<br>assistance | (g) Description of<br>non-cash<br>assistance | (h) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) |  |  |  |  |  |  |
| PROJECT SUPPORT                    | EAST ASIA AND<br>THE PACIFIC  | 6                             | 1,000                       | ACH/WIRE                           |   |  |  |  |  |  |  |  |  |
| PROJECT SUPPORT                    | EUROPE<br>(INCLUDING<br>ICELAND &<br>GREENLAND)                                     | 9                             | 5,600                       | ACH/WIRE                           |   |  |  |  |  |  |  |  |  |

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) PROJECT SUPPORT 200 ACH/WIRE INORTH IAMERICA. 2,250 ACH/WIRE PROJECT SUPPORT ISOUTH IAMERICA

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) PROJECT SUPPORT 250 ACH/WIRE ISOUTH ASIA PROJECT SUPPORT 1,750 ACH/WIRE ISUB-SAHARAN AFRICA

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| Note: To capture the full c   | ontent of this d  | ocument, please sel                      | lect landscape mode                   | (11" x 8.5") whe                         | n printing.   |   |                               |                                   |      |  |  |
| Schedule I  |   | Cronto and O                             | thar Assistanc                        | o to Organia                             | otiono  |   |                               | OMB No. 1545-0047                 |      |  |  |
| (Form 990)  |   |  | ther Assistanc                        |  | •   |   |                               | 2021                              |      |  |  |
| Governments and Individuals in the United States                                    |   |  |                                       |  |   |   |                               | <b>ZUZI</b>                       |      |  |  |
|   | Со  | mplete if the organiza                   | tion answered "Yes," o Attach to Form |  | , line 21 or 22.  |   |                               | Open to Public                    |      |  |  |
| Department of the Treasury  |   | Inspection                               |                                       |  |   |   |                               |                                   |      |  |  |
| Internal Revenue Service  |   | P GO to <u>WWW</u>                       | <u>v.irs.gov/Form990</u> for          | the latest illioi matic                  | 7111·   |   |                               |                                   |      |  |  |
| Name of the organization  | ION   |  |                                       |  |   |   | Employer identific            | ation number                      |      |  |  |
| CREATIVE COMMONS CORPORATI  | ION   |  |                                       |  |   |   | 04-3585301                    |                                   |      |  |  |
| Part I General Informa  | ation on Grants   | and Assistance                           |                                       |  |   |   |                               |                                   |      |  |  |
|   | o award the grants<br>anization's procedur<br>Assistance to Dom | or assistance? es for monitoring the use | e of grant funds in the Un            | ited States.                             |   | • | 990, Part IV, line            |                                   | □ No |  |  |
| (a) Name and address of organization or government                                  | (b) EIN   | (c) IRC section<br>(if applicable)       | ( <b>d)</b> Amount of cash<br>grant   | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) |   | Description of ash assistance | (h) Purpose of g<br>or assistance | rant |  |  |
| (1) SOFTWARE FREEDOM CONSERVANCY INC 137 MONTAGUE ST STE 380 BROOKLYN, NY 112013548 | 41-2203632  | 501(C)(3)                                | 6,500                                 | 0  |   |   |                               | SPONSORSHIP OF INTERN.            | F 1  |  |  |
| 2 Enter total number of section   | on 501(c)(3) and go   | overnment organizations                  | listed in the line 1 table .          |  |   |   | ▶                             |                                   | 1    |  |  |
| 3 Enter total number of other   | organizations liste   | d in the line 1 table                    |                                       |  |   |   | •                             |                                   | 0    |  |  |
| For Paperwork Reduction Act Notic   | e, see the Instruction  | ns for Form 990.                         |                                       | Cat. No. 50055                           | 5P  |   | Sch                           | edule I (Form 990) 2              | 2021 |  |  |

(7)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

**Return Reference** Explanation

PART I, LINE 2: REPORTS OF THE USE OF FUNDS ARE REVIEWED BY OUR GLOBAL COMMUNITY MANAGER AND MANY RECIPIENTS ALSO SUBMIT BLOG POSTS TO BE SHARED WITH

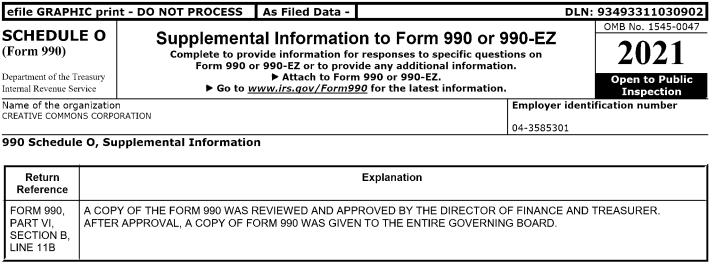
THE GLOBAL CC COMMUNITY.

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|         | edule J                                | C  | ompensatio   | on Information  | OMB No.        | 1545-       | 0047 |  |
| (For    | n 990)                                 | For certain Office   | ers, Directors, Tr   | ustees, Key Employees, and Highest  |                | <b>)2</b> ] |      |  |
|         |  | ► Complete if the org  | Compensated Employees  ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  ► Attach to Form 990. |   |                |             |      |  |
| Denar   | tment of the Treasury                  | ▶ Go to www.irs.go   |  | to Form 990.<br>nstructions and the latest information.                                     | Open           | to Pul      | blic |  |
| Interna | al Revenue Service                     |  | •  |   |                | ectio       |      |  |
|         | ne of the organiza<br>ATIVE COMMONS CO |  |  | Employer id   | entification n | umber       |      |  |
|         | 0                                      |  | •••  | 04-3585301  |                |             |      |  |
| Pa      | rt I Questi                            | ons Regarding Compensa   | ition  |   |                | Yes         | No   |  |
| 1a      |  |  |  | the following to or for a person listed on Form relevant information regarding these items. |                | 163         | 110  |  |
|         | First-class                            | or charter travel  |  | Housing allowance or residence for personal use   |                |             |      |  |
|         | Travel for                             | companions   |  | Payments for business use of personal residence   |                |             |      |  |
|         | Tax idemi                              | nification and gross-up payment                                      | _  | Health or social club dues or initiation fees   |                |             |      |  |
|         | ☐ Discretion                           | ary spending account   |  | Personal services (e.g., maid, chauffeur, chef)   |                |             |      |  |
| b       | If any of the box reimbursement        | xes on Line 1a are checked, did<br>or provision of all of the expens | the organization fo  | ollow a written policy regarding payment or<br>e? If "No," complete Part III to explain     | 1b             |             |      |  |
| 2       |  |  |  | allowing expenses incurred by all regarding the items checked on Line 1a?                   | 2              |             |      |  |
|         | an ectors, truste                      | es, officers, melading the ego,                                      | Exceditve Birector,  | regarding the hems checked on time 1d   |                |             |      |  |
| 3       |  |  |  | to establish the compensation of the ot check any boxes for methods                         |                |             |      |  |
|         |  |  |  | EO/Executive Director, but explain in Part III.   |                |             |      |  |
|         | <b>✓</b> Compensa                      | ation committee  |  | Written employment contract   |                |             |      |  |
|         |  | ent compensation consultant  |  | Compensation survey or study  |                |             |      |  |
|         |  | of other organizations   |  | Approval by the board or compensation committe  | e              |             |      |  |
| 4       | During the year related organiza       |  | 990, Part VII, Sect  | cion A, line 1a, with respect to the filing organizat                                       | ion or a       |             |      |  |
| а       | Receive a sever                        | ance payment or change-of-con  | itrol payment? .   |   | 4a             | Yes         |      |  |
| b       | Participate in, o                      | r receive payment from, a supp                                       | lemental nonqualifi  | ied retirement plan?  | . 4b           |             | No   |  |
| С       | •                                      |  |  | sation arrangement?   | . 4c           |             | No   |  |
|         | in rest to diff t                      | in the start of the persons and                                      | a provide the appli  | capic amounts for each term in Fare 112.  |                |             |      |  |
|         |  | ), 501(c)(4), and 501(c)(29  | <del>-</del>   | -   |                |             |      |  |
| 5       |  | ed on Form 990, Part VII, Section<br>Contingent on the revenues of:  |  | ne organization pay or accrue any   |                |             |      |  |
| а       | The organization                       | n?   |  |   | 5a             |             | No   |  |
| b       |  |  |  |   | 5b             |             | No   |  |
|         | If "Yes," on line                      | 5a or 5b, describe in Part III.                                      |  |   |                |             |      |  |
| 6       |  | ed on Form 990, Part VII, Section<br>Ontingent on the net earnings o |  | ne organization pay or accrue any   |                |             |      |  |
| а       | The organization                       | 1?   |  |   | 6a             |             | No   |  |
| b       | ,                                      |  |  |   | <b>6</b> b     |             | No   |  |
| _       | •                                      | 6a or 6b, describe in Part III.                                      | A 1: 4   |   |                |             |      |  |
| 7       |  |  |  | ne organization provide any nonfixed: III   | 7              |             | No   |  |
| 8       | subject to the ir                      | nitial contract exception describe                                   | ed in Regulations s  | ed pursuant to a contract that was ection 53.4958-4(a)(3)? If "Yes," describe               |                |             |      |  |
| 9       |  | 8, did the organization also follo                                   | ow the rebuttable p  | resumption procedure described in Regulations s   | ection 8       |             | No   |  |
| For F   | . , ,                                  | iction Act Notice, see the Ins                                       |  |   |                | լ<br>n 990) | 2021 |  |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

| (A) Name and Title                     |          | (B) Breakdown of W-      | dividual must equal the to<br>2, 1099-MISC compensat |   | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation in                                     |
|--|----------|--------------------------|--|---|--------------------------------|----------------|----------------------|---|
|  |          | (i) Base<br>compensation | (ii) Bonus & incentive compensation                  | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(i)-(D)           | column (B) reported<br>as deferred on prior<br>Form 990 |
| 1 CATHERINE STIHLER<br>CEO             | (i)      | 243,499                  | 0  | 0   | 0                              | 2,223          | 245,722              | 0   |
|  | (ii)     | 0                        | 0  | 0   | 0                              | 0              | 0                    | 0   |
| 2 CABLE GREEN<br>DIR OF OPEN KNOWLEDGE | (i)      | 166,201                  | 0  | 0   | 8,310                          | 23,544         | 198,055              | 0   |
| DIN OF OFEIT WONLED OF                 | (ii)     | 0                        | 0  | 0   | 0                              | 0              | 0                    | 0   |
| 3<br>SARAH HINCHLIFF PEARSON           | (i)      | 150,989                  | 0  | 3,161                                     | 7,549                          | 2,361          | 164,060              | 0   |
| GENERAL COUNSEL                        | (ii)     | 0                        | 0  | 0   | 0                              | 0              | 0                    | 0   |
| 4 DIANE PETERS<br>FMR SECRETARY/GEN.   | (i)      | 0                        | 0  | 122,202                                   | 0                              | 124            | 122,326              | 0   |
| COLINGEL                               | (ii)     | 0                        | 0  | 0   | 0                              | 0              | 0                    | 0   |
|  |          |                          |  |   |                                |                |                      |   |
|  |          |                          |  |   |                                |                |                      |   |
|  |          |                          |  |   |                                |                |                      |   |
|  |          |                          |  |   |                                |                |                      |   |
|  |          |                          |  |   |                                |                |                      |   |
|  |          |                          |  |   |                                |                |                      |   |
|  |          |                          |  |   |                                |                |                      |   |
|  |          |                          |  |   |                                |                |                      |   |
|  |          |                          |  |   |                                |                |                      |   |
|  |          |                          |  |   |                                |                |                      |   |
|  |          |                          |  |   |                                |                |                      |   |
|  | $\vdash$ |                          |  |   |                                |                |                      |   |

| Schedule J (Form 990) 2021               | Page <b>3</b>   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Part III Supplemental Information        |   |  |  |  |  |  |
| Provide the information, explanation, or | descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |  |  |  |  |  |
| Return Reference                         | Explanation   |  |  |  |  |  |
| PART I, LINE 4A                          | DIANE PETERS, FORMER SECRETARY/GENERAL COUNSEL, RECEIVED \$122,202 IN TOTAL SEVERANCE IN 2021.  |  |  |  |  |  |
|  | Schedule 1 (Form 990) 2021  |  |  |  |  |  |



## 990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990. ORGANIZATION POLICY COVERS ALL DIRECTORS, OFFICERS, AND EMPLOYEES, ANNUALLY, THE STAFF AND PART VI. SECTION B. LINE 12C

BOARD ARE SURVEYED TO DISCLOSE ANY POTENTIAL CONFLICTS. THE CONFLICTS ARE LISTED ON A PRI VATE INTERNAL WEBSITE, POTENTIAL CONFLICTS ARE SENT TO THE LEGAL TEAM FOR REVIEW, DETERMIN ATION OF WHETHER A CONFLICT EXISTS ARE MADE BY THE AUDIT COMMITTEE. THIS COMMITTEE MAKES A FINAL DETERMINATION AND REPORTS OUTCOMES TO THE BOARD OF DIRECTORS. PERSONS WITH ACTUAL A ND POSSIBLE CONFLICTS ARE ALLOWED TO PROVIDE INFORMATION OF RELEVANCE TO THE DETERMINATION S DURING THE MEETINGS AND THE REVIEW, BUT CANNOT ATTEND WHEN THE FINAL DETERMINATION OF TH

E CONFLICT IS DECIDED.

| Return<br>Reference                            | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | THE PROCESS BY WHICH THE CEO'S ANNUAL COMPENSATION IS ESTABLISHED IS MANAGED BY AN AD HOC COMPENSATION COMMITTEE OF THE BOARD THAT IS LED BY THE CHAIR OF THE BOARD. THE COMMITTEE C ONSIDERS COMPARABLE COMPENSATION USING SALARY SURVEYS AND SALARY RESEARCH SOFTWARE TO COMP ARE DATA FROM SIMILARLY SITUATED FOR PROFIT AND NON-PROFIT ORGANIZATIONS. THE INFORMATION AND DELIBERATIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN MINUTES OF THE COMMITTEE. THE FINAL DECISION IS MADE BY THE BOARD OF DIRECTORS UPON THE RECOMMENDATION OF THE COMMITTEE WITH THE CEO ABSENT FROM THE PROCEEDINGS. |

Return Explanation
Reference

| FORM 990,  | GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND CODE OF CONDUC |
|------------|--|
| PART VI,   | T ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST FOR THE SAME PERIOD OF TIME |
| SECTION C, | SET FORTH IN SEC. 6104(D).   |
| LINE 19    |  |

Return Explanation
Reference

FORM 990, PART VII, SECTION A, LINE 1A:

MARI MORESHEAD IS AN EMPLOYEE OF THE CANADIAN SUBSIDIARY, BUT HER ONLY ASSIGNMENT IS TO SE RVE AS DIRECTOR OF PEOPLE & OPERATIONS AND SECRETARY OF CREATIVE COMMONS CORPORATION.

Return Explanation

| Reference |  |
|-----------|--|
| FORM 990, | CONSULTING AND DESIGN: PROGRAM SERVICE EXPENSES 303,664. MANAGEMENT AND GENERAL EXPENSES 1 |
| PART IX,  | 82,715. FUNDRAISING EXPENSES 108,886. TOTAL EXPENSES 595,265.                              |
| LINE 11G  |  |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2021

DLN: 93493311030902

Open to Public Inspection

| Name of the<br>CREATIVE COM | organization<br>MMONS CORPORATION  |                |              |                         |                            |                         |                                  | Employer identi<br>04-3585301                   | fication number              |                 |                                     |  |
|-----------------------------|--|----------------|--------------|-------------------------|----------------------------|-------------------------|----------------------------------|---|------------------------------|-----------------|-------------------------------------|--|
| Part I                      | Identification of Disregarded Entities. Complet                            | e if the orgai | nization ans | wered "Yes              | s" on Form                 | າ 990, Part             | IV, line 3                       | •   |                              |                 |                                     |  |
|                             | (a) Name, address, and EIN (if applicable) of disregarded entity           |                |              |                         |                            | Legal dom<br>or foreigr | c)<br>icile (state<br>n country) | (d)<br>Total inco                               | me End-of-year a             |                 | <b>(f)</b><br>controlling<br>entity |  |
|                             |  |                |              |                         |                            |                         |                                  |   |                              |                 |                                     |  |
|                             |  |                |              |                         |                            |                         |                                  |   |                              |                 |                                     |  |
|                             |  |                |              |                         |                            |                         |                                  |   |                              |                 |                                     |  |
|                             |  |                |              |                         |                            |                         |                                  |   |                              |                 |                                     |  |
| Part II                     | Identification of Related Tax-Exempt Organizations during the tax year (a) | r.             | (b)          | - (4                    | c)                         | (d)                     | ·                                | (e)   | (f)                          |                 | (a)                                 |  |
|                             | Name, address, and EIN of related organization                             | Prim           | ary activity | Legal dom<br>or foreigr | icile (state<br>n country) | Exempt Cod              | e section                        | Public charity status<br>(if section 501(c)(3)) | Direct controlling<br>entity | Section (13) of | on 512(b<br>controlled<br>ntity?    |  |
|                             |  |                |              |                         |                            |                         |                                  |   |                              | 163             |                                     |  |
|                             |  |                |              |                         |                            |                         |                                  |   |                              | _               | +                                   |  |
|                             |  |                |              |                         |                            |                         |                                  |   |                              | +               |                                     |  |
|                             |  |                |              |                         |                            |                         |                                  |   |                              |                 |                                     |  |
|                             |  |                |              |                         |                            |                         |                                  |   |                              | -               |                                     |  |
| For Paperw                  | ork Reduction Act Notice, see the Instructions for For                     | m 990.         |              | Ca                      | t. No. 5013                | <br> 5Y                 |                                  |   | Schedule R (For              | m 990) :        | 2021                                |  |

| (a)<br>Name, address, and EIN of<br>related organization   |                     | <b>(b)</b><br>Primary<br>activity    | (c) Legal domicile (state or foreign country) | (d)<br>Direct<br>controlling<br>entity     | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-<br>year<br>assets | <b>(h</b><br>Dispropr<br>allocat | tionate<br>ions? | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | Gen<br>mar<br>par                | (j)<br>eral or<br>laging<br>tner? | ( Percei<br>owne                         | ntag                       |
|--|---------------------|--------------------------------------|---|--|---|------------------------------------|--|----------------------------------|------------------|--|----------------------------------|-----------------------------------|--|----------------------------|
|  |                     |                                      |   |  |   |                                    |  | Yes                              | No               |  | Yes                              | No                                |  |                            |
|  |                     |                                      |   |  |   |                                    |  |                                  |                  |  |                                  |                                   |  |                            |
|  |                     |                                      |   |  |   |                                    |  |                                  |                  |  |                                  |                                   |  |                            |
|  |                     |                                      |   |  |   |                                    |  |                                  |                  |  |                                  |                                   |  |                            |
|  |                     |                                      |   |  |   |                                    |  |                                  |                  |  |                                  | -                                 | -  |                            |
|  |                     |                                      |   |  |   |                                    |  |                                  |                  |  |                                  |                                   |  |                            |
|  |                     |                                      |   |  |   |                                    |  |                                  |                  |  |                                  |                                   |  |                            |
|  |                     |                                      |   |  |   |                                    |  |                                  |                  |  |                                  | -                                 |  |                            |
|  |                     |                                      |   |  |   |                                    |  |                                  |                  |  |                                  |                                   |  |                            |
|  |                     |                                      |   |  |   |                                    |  |                                  |                  |  |                                  |                                   |  |                            |
|  |                     |                                      |   |  |   |                                    |  |                                  |                  |  |                                  |                                   |  |                            |
| because it had one or more re  (a)  Name, address, and EIN of related organization                           | elated organization |                                      | as a corpor                                   | (c) Legal domicile                         |   | tax year                           | (e) Type of entity C corp, S corp,           | (f)<br>Share of                  | total Si         | (g)<br>hare of end-of-<br>year   | , Part I\<br>(H<br>Perce<br>owne | i)<br>ntage                       | (i<br>Section<br>(13) cor                | )<br>512(<br>ntroll        |
| (a)<br>Name, address, and EIN of<br>related organization   | Priman              | s treated a (b) y activity           | as a corpor                                   | (c) Legal domicile ste or foreign country) | st during the<br>(c<br>Direct co<br>ent   | tax year                           | (e) Type of entity                           | (f)<br>Share of<br>incom         | total Si<br>e    | (g)<br>hare of end-of-<br>year<br>assets                                   | (H<br>Perce<br>owne              | n)<br>ntage<br>rship              | (i<br>Section<br>(13) cor<br>enti<br>Yes | )<br>512(<br>ntroll<br>ty? |
| because it had one or more re  (a)  Name, address, and EIN of  | elated organization | s treated a (b) y activity  CANADIAN | as a corpor                                   | (c) Legal domicile ate or foreign          | st during the   | tax year                           | (e) Type of entity C corp, S corp,           | (f)<br>Share of<br>incom         | total Si         | (g)<br>hare of end-of-<br>year   | (F                               | n)<br>ntage<br>rship              | (i<br>Section<br>(13) cor<br>enti        | ty?                        |
| because it had one or more re  (a)  Name, address, and EIN of related organization  0941176 BC LTD  BOX 1866 | Primar  TO EMPLOY   | s treated a (b) y activity  CANADIAN | as a corpor                                   | (c) Legal domicile ste or foreign country) | c CREATIVE COMMONS  | tax year                           | (e) Type of entity C corp, S corp,           | (f)<br>Share of<br>incom         | total Si<br>e    | (g)<br>hare of end-of-<br>year<br>assets                                   | (H<br>Perce<br>owne              | n)<br>ntage<br>rship              | (i<br>Section<br>(13) cor<br>enti<br>Yes | ty?                        |
| because it had one or more re  (a)  Name, address, and EIN of related organization  0941176 BC LTD  BOX 1866 | Primar  TO EMPLOY   | s treated a (b) y activity  CANADIAN | as a corpor                                   | (c) Legal domicile ste or foreign country) | c CREATIVE COMMONS  | tax year                           | (e) Type of entity C corp, S corp,           | (f)<br>Share of<br>incom         | total Si<br>e    | (g)<br>hare of end-of-<br>year<br>assets                                   | (H<br>Perce<br>owne              | n)<br>ntage<br>rship              | (i<br>Section<br>(13) cor<br>enti<br>Yes | ty?                        |
| because it had one or more re  (a)  Name, address, and EIN of related organization  0941176 BC LTD  BOX 1866 | Primar  TO EMPLOY   | s treated a (b) y activity  CANADIAN | as a corpor                                   | (c) Legal domicile ste or foreign country) | c CREATIVE COMMONS  | tax year                           | (e) Type of entity C corp, S corp,           | (f)<br>Share of<br>incom         | total Si<br>e    | (g)<br>hare of end-of-<br>year<br>assets                                   | (H<br>Perce<br>owne              | n)<br>ntage<br>rship              | (i<br>Section<br>(13) cor<br>enti<br>Yes | ty?                        |
| because it had one or more re  (a)  Name, address, and EIN of related organization  0941176 BC LTD  BOX 1866 | Primar  TO EMPLOY   | s treated a (b) y activity  CANADIAN | as a corpor                                   | (c) Legal domicile ste or foreign country) | c CREATIVE COMMONS  | tax year                           | (e) Type of entity C corp, S corp,           | (f)<br>Share of<br>incom         | total Si<br>e    | (g)<br>hare of end-of-<br>year<br>assets                                   | (H<br>Perce<br>owne              | n)<br>ntage<br>rship              | (i<br>Section<br>(13) cor<br>enti<br>Yes | ty?                        |
| because it had one or more re  (a)  Name, address, and EIN of related organization  0941176 BC LTD  BOX 1866 | Primar  TO EMPLOY   | s treated a (b) y activity  CANADIAN | as a corpor                                   | (c) Legal domicile ste or foreign country) | c CREATIVE COMMONS  | tax year                           | (e) Type of entity C corp, S corp,           | (f)<br>Share of<br>incom         | total Si<br>e    | (g)<br>hare of end-of-<br>year<br>assets                                   | (H<br>Perce<br>owne              | n)<br>ntage<br>rship              | (i<br>Section<br>(13) cor<br>enti<br>Yes | ty?                        |
| because it had one or more re  (a)  Name, address, and EIN of related organization  0941176 BC LTD  30X 1866 | Primar  TO EMPLOY   | s treated a (b) y activity  CANADIAN | as a corpor                                   | (c) Legal domicile ste or foreign country) | c CREATIVE COMMONS  | tax year                           | (e) Type of entity C corp, S corp,           | (f)<br>Share of<br>incom         | total Si<br>e    | (g)<br>hare of end-of-<br>year<br>assets                                   | (H<br>Perce<br>owne              | n)<br>ntage<br>rship              | (i<br>Section<br>(13) cor<br>enti<br>Yes | ty?                        |

(1)0941176 BC LTD

(2)0941176 BC LTD

Sale of assets to related organization(s) . . .

Purchase of assets from related organization(s) . . .

No

| Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.                         |  |
|---|--|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.   |  |
| 1 During the tay year, did the ergranization engage in any of the following transactions with one or more related organizations listed in Parts IT-IV/2 |  |

1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

Name of related organization

(b)

Transaction type (a-s)

Amount involved

253,900

268,680

ACTUAL COST

CASH

1a 1b 1c

1d

1e

1f

**1**q

1k

11

1m

1n

10 Yes

**1**p

1r Yes

1s

Schedule R (Form 990) 2021

(d)

Method of determining amount involved

No No

Yes

No No No

No

No No

No

No

No

No

No

Nο

No

No

No

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| was not a related organization. See instructions regarding |                                   |   |  | erships. |   |                                    |  |     |    |   |   |         |                                |
|--|-----------------------------------|---|--|----------|---|------------------------------------|--|-----|----|---|---|---------|--------------------------------|
| (a)<br>Name, address, and EIN of entity                    | <b>(b)</b><br>Primary<br>activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | organi   | e)<br>partners<br>ction<br>(c)(3)<br>zations? | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets |     |    | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |         | (k)<br>Percentage<br>ownership |
|  |                                   |   | ,  | Yes      | No  |                                    |  | Yes | No |   | Yes                                       | No      |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |   |         |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |   |         |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |   |         | _                              |
|  |                                   |   |  |          |   |                                    |  |     |    |   |   |         |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |   |         |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |   |         |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |   |         |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |   |         |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |   |         |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |   |         |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |   |         |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |   |         |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |   |         |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |   |         |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |   |         |                                |
|  |                                   |   |  |          |   |                                    |  |     |    |   |   |         |                                |
|  | •                                 | •   | •  |          |   | •                                  |  |     |    | Sch   | edule R (                                 | Form 99 | 90) 2021                       |

| chedule R (Fo    | Page                     | 5  |  |  |  |  |  |  |
|------------------|--------------------------|--|--|--|--|--|--|--|
| Part VII         | Supplemental Info        | rmation  |  |  |  |  |  |  |
|                  | Provide additional infor | mation for responses to questions on Schedule R. See instructions. |  |  |  |  |  |  |
| Return Reference |                          | Explanation  |  |  |  |  |  |  |
|                  |                          |  |  |  |  |  |  |  |