** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

AF	or the	2022 calendar year, or tax year beginning	and	enaing				
B c	heck if pplicable	C Name of organization			D Employer ident	tification number		
	Addres	CREATIVE COMMONS CORPORATION						
	Name change	Doing business as			04-358530)1		
	Initial return Final return/	Number and street (or P.O. box if mail is not deli 211 HOPE STREET, #1866	vered to street address)	Room/suite	E Telephone num (415) 429-			
	termin- ated	-	IP or foreign postal code		G Gross receipts \$	7,703,552.		
	Ameno				H(a) Is this a group			
F	Application		RINE STIHLER		for subordina			
	pendin	SAME AS C ABOVE			H(b) Are all subordinate	—		
ΙT	ax-exe	mpt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1	a list. See instructions		
	Vebsit		,		H(c) Group exemp			
K F	orm of	organization: X Corporation Trust Ass	ociation Other	L Year	of formation: 2001	M State of legal domicile: MA		
		Summary		1 =		, and a second s		
	1	Briefly describe the organization's mission or most s	significant activities: DEVELO	PS LEGAL	AND TECHNICAL			
Governance		INFRASTRUCTURE FOR DIGITAL CREATIVITY,						
naı	2	Check this box if the organization discon	tinued its operations or dispos	sed of more	than 25% of its net	assets.		
Ve	3	Number of voting members of the governing body (I			1	3 8		
ဗ	4	Number of independent voting members of the gove				4 7		
οğ		Fotal number of individuals employed in calendar ye				5 16		
'itie		Total number of volunteers (estimate if necessary)				6 717		
Activities &		Fotal unrelated business revenue from Part VIII, colu	/=\			7a 0.		
ď	l	Net unrelated business taxable income from Form 9	. ,,			7b 0.		
					Prior Year	Current Year		
•	8	Contributions and grants (Part VIII, line 1h)			9,506,488	7,330,744.		
Revenue	9	. (5 1)(11)			346,552	331,635.		
eve	10	nvestment income (Part VIII, column (A), lines 3, 4,			11:	0.		
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			466	56,471.		
	l	Fotal revenue - add lines 8 through 11 (must equal F		9,853,619	7,655,908.			
	13	Grants and similar amounts paid (Part IX, column (A	19,043	663,166.				
	l	Benefits paid to or for members (Part IX, column (A)		(0.			
S	15	Salaries, other compensation, employee benefits (P	art IX, column (A), lines 5-10)		1,856,560	2,656,808.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir			(0.		
Бe	b ·	Total fundraising expenses (Part IX, column (D), line						
û	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		1,251,50	953,698.		
	18	Total expenses. Add lines 13-17 (must equal Part IX	, column (A), line 25)		3,127,102	4,273,672.		
	19	Revenue less expenses. Subtract line 18 from line 1	2		6,726,51	7. 3,382,236.		
Net Assets or Fund Balances				Ве	ginning of Current Yea	r End of Year		
sets alan	20	Total assets (Part X, line 16)			9,584,24	12,542,497.		
t As	21	Total liabilities (Part X, line 26)			682,444	258,530.		
<u>8</u> 5	22	Net assets or fund balances. Subtract line 21 from I	ne 20		8,901,803	1. 12,283,967.		
	art II	Signature Block						
		ties of perjury, I declare that I have examined this return, i				my knowledge and belief, it is		
true,	correc	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.			
		Cinnature of officer			Data			
Sigr		Signature of officer			Date			
Her	е	DELIA BROWNE, CHAIRMAN						
		Type or print name and title	Preparer's signature	Tr	Date Check	PTIN		
			l if	<u> </u>				
Paid		MAGA E. KISRIEV	1/15/23 self-em					
-	arer	Firm's name HOOD & STRONG LLP			Firm's EIN	94-1254756		
use	Only	Firm's address 60 SO. MARKET ST, STE 200				00 000 0400		
		SAN JOSE, CA 95113	-0.0 in-t - "		Phone no.4	08.998.8400		
мау	tne IF	S discuss this return with the preparer shown abov	e? See instructions			X Yes No		

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print CREATIVE COMMONS CORPORATION 04-3585301 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 211 HOPE STREET, #1866 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. MOUNTAIN VIEW, CA 94042 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 MARI MORESHEAD #1866 - MOUNTAIN VIEW, CA 94042 Telephone No. ► (415) 429-6753 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions.

223841 04-01-22

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Form 8868 (Rev. 1-2022)

Pa	rt III	Statement of Program Service A			Х
1		Check if Schedule O contains a response of the organization's mission:	or note to any line in this Pa	rt III	Δ
	SEE	SCHEDULE O			
	D: 4 4				
2		the organization undertake any significant pro Form 990 or 990-EZ?			Yes X No
		es," describe these new services on Schedule			103
3		the organization cease conducting, or make s	significant changes in how i	it conducts, any program services?	Yes X No
4		es," describe these changes on Schedule O.	maliahmanta far asab af its	three leveret presum our ices, or many	nured by expenses
4	Sect	cribe the organization's program service according 501(c)(3) and 501(c)(4) organizations are reports of the page 150 persons are reports.	required to report the amou		
		nue, if any, for each program service reported : 2,569		663,166.) (Revenue\$	365,546.)
ти	•	CERTIFICATE - OFFER THE CREATIVE (
	COU	RSE FOR PEOPLE INTERESTED IN BECOM	MING EXPERTS IN CREA	TING AND	
	ENG	AGING WITH OPENLY LICENSED WORKS.			
	<u></u>	w mus openarily program guppopma		apparatus oppy	
		M - THE OPENGLAM PROGRAM SUPPORTS ESS POLICIES BY GLAM INSTITUTIONS			
		ATIVE COMMONS TOOLS. THIS INCLUDE:	•		
		EPTANCE OF OPEN POLICIES BY THESE			
	UNDI	ERSTANDING OF THE BENEFITS OF SUC	H POLICIES TO ACHIEV	E KNOWLEDGE	
	EQU	ITY.			
41-		LICENSES - PROVIDE CREATIVE COMMOI			
4b	(Code	::) (Expenses \$	including grants of \$ _) (Revenue \$ _)
4c	(Code	::) (Expenses \$	including grants of \$) (Revenue \$ _)
_					
4d	Othe	er program services (Describe on Schedule O.	.)		
	(Expe	nses \$ including o) (Revenue \$)
4e	Tota	I program service expenses	2,569,784.		- 000 ()

Form 990 (2022) CREATIVE COMMONS CORPORATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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	4	X	
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		х
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? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
_	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	Ť		
•	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	-10		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C		11c		x
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX			x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	· · · · · · · · · · · · · · · · · · ·	445	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	- 21	\vdash
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
	Schedule D, Parts XI and XII	12a		_ A
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	105	Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
D	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	1/1	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		\vdash
ıɔ		45	Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	21	\vdash
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0	х	
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	21	\vdash
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			x
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_	v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Part IV Checklist of Required Schedules (continued)	ed)
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			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	Х	
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			
	, , ,	23	х	
240	Schedule J	23		
24 a	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		Х
	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? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
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%			
	and the state of t	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_ A
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? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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? If "Yes," complete Schedule R, Part I	33		х
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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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	Х	
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		x
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		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	 		
00	Notes All Forms 000 files and required to constitute Cohodule O	38	х	
Par		_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 18			
	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			
ŭ	(gambling) winnings to prize winners?	1c	Х	
	<u> </u>			

Form 990 (2022) CREATIVE COMMONS CORPORATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				Yes	No						
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	2 a										
36 Did the organization have unrelated business gross income of \$1,000 or more during the year? 37 Bit 11 Press. That if filed a Form 990-T for this year? #/ho* to Jine 3b, provide an explanation on Schedule 0 38 Bit 11 Press. That if filed a Form 990-T for this year? #/ho* to Jine 3b, provide an explanation or schedule 0 38 Bit 11 Press. The during the calendary, and 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)? 48 At any time from the name of the foreign country (Such as a bank account, securities account, or other financial account)? 59 Was the organization and the foreign country (Such as a bank account, securities account, or other financial account)? 50 Was the organization for the foreign country (Such as a bank account, securities account, or other financial account)? 50 Was the organization for the organization that it was or is a party to a prohibited tax sheller transaction? 51 Was 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? 52 Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(e). 53 Organizations that may receive deductible contributions under section 170(e). 54 Organizations that may receive deductible contributions under section 170(e). 55 Organizations that may receive any turned in the party of the was required to the form 8802 are quited to the party of the organization receive any turned, directly or indirectly, to pay premiums on a personal benefit contract? 56 Did the organization receive any turned, directly or indirectly, to pay premiums on a personal benefit contract? 57 Did the organization receive any turned, directly or indirectly, to pay premiums on a personal benefit cont		filed for the calendar year ending with or within the year covered by this return 2a16									
b if Vess, 'nasi filled a Form 990-T for this year? if Yeb' to line 3b, provide an explanation on Schedule O 4 All 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 accountry of the provided in	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
4a 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 accounts (FBAR). b If "Yes," enter the name of the foreign country (SANDA). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization the form 888677 5c If "Yes" to line 5a or 5b, did the organization the organization that was required any contributions that were not tax deductible? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(e). 6c Did the organization that may receive deductible contributions under section 170(e). 6c Did the organization that may receive deductible contributions under section 170(e). 6c 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? 6c Did the organization that may receive deductible contributions under section 170(e). 6d If "Yes," indicate the number of Forms 8282 filed during the year 6d If "Yes," indicate the number of Forms 8282 filed during the year 6d If "Yes," indicate the number of Forms 8282 filed during the year 6d Did the organization received a contribution of qualified intellectual property, did the organization file Form 1889 as required? 6d The organization received a contribution of qualified intellectual property, did the organization file Form 1889 as required? 7d Did the organization received a contribution of access both services of the section 49667 or th			3a		Х						
financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5e if Yes, "enter the name of the foreign country (CARADA). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at my time during the tax year? 5a Diad any taxelibe party notify the organization file Form 8886-17 6b Diad any taxelibe party notify the organization file form 8886-17 6c If "Yes" to line 5a or 5b, did the organization file Form 8886-17 6c If "Yes" to line 5a or 5b, did the organization file form 8886-17 6d Does the organization housdow this every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization start may receive deductible contributions? 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 The "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 10 If the organization neceive a payment in excess of \$75 make partly as a contribution and partly for goods and services provided to the payor? 7 The "Yes," did the organization notify the donor of the value of the goods or services provided? 7 The "Yes," did the organization notify the donor of the value of the goods or services provided of the payor? 7 The "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7 The "Yes," did the organization not provide and pay foreign property for which it was required to the Form 82822? 10 If the organization not receive a contribution of cards portion of the payor of pa			3b								
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.									
	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
		_	Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	, , , , ,									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v						
	taxable entity during the year?	16a		Х						
р	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	401								
500	exempt status with respect to such arrangements?tion C. Disclosure	16b								
17	List the states with which a copy of this Form 990 is required to be filed CA, CT, FL, MA, NY Section 6104 requires an experimental problem to make its Forms 1022 (1024 or 1024 A, if applicable), 900, and 900 T (agetion 501(a)/2).	2 021:3	0)(0:1-1	ale.						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):	oniy)	availal	JIE						
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)									
40		d fine-	nio!							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı ımanı	ılal							
20	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records MARI MORESHEAD - (415) 429-6753									
	211 HOPE STREET, #1866, MOUNTAIN VIEW, CA 94042									

Part VII 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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	ia a a	irecto	r/trus	lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	eord	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	10001120)	and related
	below	Individual trustee or director	In stit utio nal tru stee	ъ	Key employee	Highest compensated employee	Je.	,		organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) CATHERINE STIHLER	40.00									
CHIEF EXECUTIVE OFFICER	0.00	Х		Х				252,243.	0.	37,501.
(2) CABLE GREEN	40.00									
DIRECTOR OF OPEN EDUCATION	0.00					Х		179,442.	0.	35,813.
(3) ANNA K TUMADOTTIR	40.00									
CHIEF OPERATING OFFICER	0.00			Х				150,000.	0.	18,097.
(4) KATHLEEN WALSH	40.00									
GENERAL COUNSEL	0.00			Х				126,000.	0.	14,179.
(5) BRIGITTE VEZINA	40.00									
DIRECTOR OF OPEN CULTURE	0.00					Х		129,141.	0.	6,457.
(6) JENNRYN WETZLER	40.00									
DIRECTOR OF TRAINING & LEARNING	0.00					Х		123,806.	0.	7,244.
(7) MARI MORESHEAD	40.00									
SECRETARY/CHIEF OF STAFF	0.00			Х				0.	119,329.	10,041.
(8) SARAH HINCHLIFF PEARSON	40.00									
GENERAL COUNSEL (THRU 3/31/22)	0.00			Х				51,737.	0.	2,475.
(9) DELIA BROWNE	2.00									
CHAIR	0.00	Х		Х				0.	0.	0.
(10) MOLLY SHAFFER VAN HOUWELING	2.00									
CHAIR (THRU 11/17/22)	0.00	Х		Х				0.	0.	0.
(11) RUTH OKEDIJI	2.00									
BOARD MEMBER (THRU 11/17/22)	0.00	Х						0.	0.	0.
(12) CAROLINA BOTERO	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(13) ALEK TARKOWSKI	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(14) BILAL RANDEREE	2.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(15) JENI TENNISON	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(16) ANGELA ODUOR LUNGATI	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(17) GLENN BROWN	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.

232007 12-13-22 Form **990** (2022)

ı al	Section A. Officers, Directors, Trus		ploy	ees,			gnes	st C		s (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average	(do		Pos		າ than ເ	one	Reportable	Reportable		Es	stimate	ed
		hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	n	ar	nount	of
		week	—	cer ar	nd a di	irecto	or/trus T	tee)	from	from related			other	
		(list any	ector						the	organization			pensa	
		hours for	or dir	يو			ated		organization	(W-2/1099-MIS	SC/		om th	
		related	stee	truste			bens		(W-2/1099-MISC/	1099-NEC)			anizat	
		organizations below	ıal trı	onal		ploye	e co		1099-NEC)				d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
/10	MV DDAND	<u> </u>	Ē	Ë	JO.	Σ.	± 5	요						
	AMY BRAND	2.00	-								_			0
BOAL	D MEMBER (THRU 11/17/22)	0.00	Х				⊢		0.		0.			0.
			-											
			_				├							
			4											
							_							
			1											
							<u> </u>							
			1											
			1											
			1											
1h	Subtotal	1	<u> </u>				<u> </u>		1,012,369.	119,	329.		131	807.
10	Subtotal Total from continuation sheets to Part VI	L Coation A						•	0.		0.			0.
									1,012,369.	119,			131	807.
	Total (add lines 1b and 1c)													
2	Total number of individuals (including but n	ot iimitea to tri	iose	iiste	u ab	oove	e) WII	io re	eceived more than \$100,	ooo or reportable	;			6
	compensation from the organization												Yes	No
_	D: 111										1		163	NO
3	Did the organization list any former officer,	•		•	•	•	-	_	• •	•				v
	line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the su	•							-	•				
	and related organizations greater than \$150											4	X	
5	Did any person listed on line 1a receive or a	•				•			· ·					
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch r	oers	on					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	pensat	tion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(0)	
	Name and business	address	NO	NE					Description of s	ervices	C	ompe	nsatio	n
2	Total number of independent contractors (in	actuding but p	ot lir	niter	1 to 1	thor	ما مع	ted	ahove) who received mo	ore than				
_	\$100,000 of compensation from the organization	-	ot III				0 0	, cou	above, who received inc	no ulaii				

Form 990 (2022) CREATIVE CO

			Check if Schedule O co	onta	ains a r	esponse	e or i	note to any line	e in this Part VIII			
			J. 1001. W 051.000.00				<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ठ ठ	1	а	Federated campaigns			1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		Г	1b						
			Fundraising events			1c		55,123.				
iifts ar A						1d						
s, G mil			Government grants (contrib			1e		342,522.				
igi		f	All other contributions, gifts, g	rant	s, and							
but			similar amounts not included a	abov	e	1f		6,933,099.				
nti d O		g	Noncash contributions included in lin	nes 1	a-1f	1g \$						
а S		h	Total. Add lines 1a-1f						7,330,744.			
							В	usiness Code				
e Ce	2	а	PROGRAM SERVICE FEES				. 📙	611430	331,635.	331,635.		
ř e vi		b					. _					
Se r		С					. _					
ran 3ev		d					. -					
Program Service Revenue		е					- -					
Δ.			All other program service re						221 (25			
									331,635.			
	3		Investment income (includi									
	4											
	4 5		Income from investment of				-	ceeus				
	3		Royalties		(i)	Real		(ii) Personal				
	6	2	Gross rents	6a	(1)	Tioui		(ii) i oroonai				
			••••••	6b								
			' " F	6c								
			Net rental income or (loss)	00								
	7		Gross amount from sales of		(i) Se	curities	;	(ii) Other				
	-			7a								
		b	Less: cost or other basis									
ne			and sales expenses	7b								
ther Revenue				7с								
Re		d	Net gain or (loss)			<u></u>						
Jer	8	а	Gross income from fundraising	g eve	ents (no	ot						
₹			including \$	55,	123.	of						
			contributions reported on li									
			Part IV, line 18					1,580.				
							b	47,524.				
			Net income or (loss) from fu						-45,944.			-45,944.
	9		Gross income from gaming									
			Part IV, line 19			ـ ا						
			•				ן מי					
			Net income or (loss) from g			vities	Т.					
	10		Gross sales of inventory, le			40	00	5,682.				
			and allowances Less: cost of goods sold				0b	120.				
			Net income or (loss) from s				- N		5,562.			5,562.
		<u> </u>		۵,00		211201 y	В	Susiness Code	,			,
snc	11	а	REFUND/OTHER				_	900099	33,911.	33,911.		
nec	•	b	-						,	, ,		
ella		c										
Miscellaneous Revenue			All other revenue									
2			Total. Add lines 11a-11d						33,911.			
	12		Total revenue. See instruction						7,655,908.	365,546.	0.	-40,382.

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).

00011	on 501(c)(3) and 501(c)(4) organizations must compli Check if Schedule O contains a respons			iproto corarriir (r y.	
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	388,488.	388,488.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	25,058.	25,058.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	249,620.	249,620.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	F1F F00	255 145	006 555	CF 000
	trustees, and key employees	717,728.	355,145.	296,775.	65,808.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,540,139.	1 050 394	395,028.	94,717.
7	Other salaries and wages	1,340,139.	1,050,394.	393,020.	J4,/1/.
8	Pension plan accruals and contributions (include	61,009.	38,672.	17,920.	4,417.
9	section 401(k) and 403(b) employer contributions) Other employee benefits	200,009.	66,020.	121,331.	12,658.
9 10	Other employee benefits Payroll taxes	137,923.	55,852.	75,299.	6,772.
11	Fees for services (nonemployees):	207,520.	55,552.	, , , , , , , , , , , , , , , , , , , ,	
	Management				
b	Legal	38,320.	96.	38,224.	
	Accounting	39,360.		39,360.	
	Lobbying	,		,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A), amount, list line 11g expenses on Sch O.)	331,135.	267,956.	53,769.	9,410.
12	Advertising and promotion	21,654.	2,879.	18,241.	534.
13	Office expenses	119,672.	20,364.	87,070.	12,238.
14	Information technology	1,691.	342.	1,349.	
15	Royalties				
16	Occupancy	14,625.	1,973.	11,605.	1,047.
17	Travel	177,659.	39,307.	102,092.	36,260.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,525.	3,451.	6,323.	751.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	39,981.		30 081	
23	Other expenses. Itemize expenses not covered	33,301.		39,981.	
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) PAYROLL EXPENSES	87,135.	15.	87,120.	
a h	PROFESSIONAL/ORG DEVEL.	21,192.	680.	20,354.	158.
	EVENT EXPENSES	7,080.	434.	225.	6,421.
d	BUSINESS REGISTRATION F	2,942.	69.	2,873.	, == ==
	All other expenses	40,727.	2,969.	37,108.	650.
25	Total functional expenses. Add lines 1 through 24e	4,273,672.	2,569,784.	1,452,047.	251,841.
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)				
_	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	·		E 000 (2222)

Form 990 (2022) Part X Balance Sheet

		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,013,000.	1	2,691,146.
	2	Savings and temporary cash investments			2,467,854.	2	3,274,000.
	3	Pledges and grants receivable, net			5,048,666.	3	6,505,393.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs		, ,			
		controlled entity or family member of any of the			5		
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			52,435.	9	69,738.
		Land, buildings, and equipment: cost or other	1 1		·		
		basis. Complete Part VI of Schedule D	10a	8,265.			
	ь	Less: accumulated depreciation		6,657.	1,608.	10c	1,608.
	11	Investments - publicly traded securities		·	682.	11	612.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			9,584,245.	16	12,542,497.
	17	Accounts payable and accrued expenses			168,935.	17	191,787.
	18	Grants payable		116,277.	18	15,284.	
	19	Deferred revenue		26,000.	19	22,750.	
	20	Tax-exempt bond liabilities		•	20	,	
	21	Escrow or custodial account liability. Complete				21	
"	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
ig		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate			371,232.	24	28,709.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	•				
		of Schedule D	,	·		25	
	26	Total liabilities. Add lines 17 through 25			682,444.	26	258,530.
		Organizations that follow FASB ASC 958, che	eck here	X			
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			2,696,433.	27	3,201,695.
Bal	28	Net assets with donor restrictions			6,205,368.	28	9,082,272.
pu		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.					
, or	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			8,901,801.	32	12,283,967.
	33	Total liabilities and net assets/fund balances			9,584,245.	33	12,542,497.

Form **990** (2022)

Pai	TEXT RECONCILIATION OF NET ASSETS					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7	655	,908.
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	273	,672.
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		8 ,	901	,801.
5	Net unrealized gains (losses) on investments	5				-70.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		12	283	,967.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		it [
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

CREATIVE COMMONS CORPORATION 04-3585301 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1,775,335.	2,736,370.	718,244.	9,506,488.	7,330,744.	22,067,181.		
2	Tax revenues levied for the organ-						_		
	ization'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								
4	Total. Add lines 1 through 3	1,775,335.	2,736,370.	718,244.	9,506,488.	7,330,744.	22,067,181.		
	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)						14,263,526.		
6	Public support. Subtract line 5 from line 4.						7,803,655.		
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	1,775,335.	2,736,370.	718,244.	9,506,488.	7,330,744.	22,067,181.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	160,825.	95,503.	13,212.	113.	0.	269,653.		
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.)					7,262.	7,262.		
11	Total support. Add lines 7 through 10						22,344,096.		
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	1,217,479.		
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)			
	organization, check this box and stop		_						
	tion C. Computation of Publi								
	Public support percentage for 2022 (li					14	34.92 %		
	5 Public support percentage from 2021 Schedule A, Part II, line 14						40.39 %		
16a	33 1/3% support test - 2022. If the o								
stop here. The organization qualifies as a publicly supported organization									
b	33 1/3% support test - 2021. If the o								
	and stop here. The organization qualifies as a publicly supported organization								
17a	10% -facts-and-circumstances test	-							
	and if the organization meets the facts					_			
	meets the facts-and-circumstances te	· ·	•	,	•				
b	10% -facts-and-circumstances test	-					u% or		
	more, and if the organization meets the				-				
40	organization meets the facts-and-circu								
18	Private foundation. If the organization	n aid not check a b	oox on line 13, 16a	, 16b, 1/a, or 17b,	, cneck this box ar	na see instructions			

Schedule A (Form 990) 2022 CREATIVE COMMONS CORPORATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** 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.
- c 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.
- **4a** 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.
- **b** 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 supervised by or in connection with its supported organizations.
- c 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.
- 5a 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 amendment to the organizing document).
- **b 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 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).
- 9a 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.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Var	NI.
		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	40		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	O		
	9a		
	9b		
	9c		
	90		
	10a		
	10b		
مادد	A (Forn	2001	2022

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, 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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		—
000	tion 6. Type it oupporting organizations		V	NI-
4	Ware a majority of the erganization's directors or trustees during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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 documents in effect on the date of notification, to the extent not previously provided?	1		
2	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant 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 Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction).	ıs).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	inatu iatia m)	
2	Activities Test. Answer lines 2a and 2b below.	rinstruction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain 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.	2a		
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			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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 Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	i l	ı

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must						
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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					
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
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					
Sect	on C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 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	Distributable Amount. 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-functional		d Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior IRS approval required - prior IRS approval - prior -	rovide details in Part VI)	5	
	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
<u>a</u>	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	e From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2018			
b	Excess from 2019			
с	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 CREATIVE COMMONS CORPORATION	04-3585301	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17: Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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 IV, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	es 1 and 2; Part IV, Sectio art V, Section B, line 1e; P	on C, Part V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
GROSS INCOME FROM FUNDRAISING EVENTS		
2022 AMOUNT: \$ 1,580.		
GROSS SALES OF INVENTORY		
2022 AMOUNT: \$ 5,682.		

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Employer identification number

CREATIVE COMMONS CORPORATION 04-3585301 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2022) Name of organization

Employer identification number

CREATIVE COMMONS CORPORATION

04-3585301

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$4,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions \$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$342,522.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CREATIVE COMMONS CORPORATION 04-3585301

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		 \$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					

Schedule B (Form 990) (2022)

Name of propagation

lame of or	rganization			Employer identification number			
	COMMONS CORPORATION			04-3585301			
Part III	Exclusively religious, charitable, etc., contributions from any one contributor. Complete columns (a) the	rough (e) and the following line en	try. For organizations				
	completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional spa	ritable, etc., contributions of \$1,000 or ace is needed.	less for the year. (Enter this info	o. once.) \$			
(a) No. from			(d) Do	and the second second second			
Part I	(b) Purpose of gift	(c) Use of gift	(a) De	scription of how gift is held			
	-						
		(e) Transfer of gi	ft				
	Transferee's name, address, and	ZIP + 4	Relationship of t	ransferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
Part I	(b) Ful pose of gift	(c) Ose of gift	(d) De	scription of now girt is neid			
-							
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
Part I							
-		(e) Transfer of di	 ft				
	(e) Transfer of gift						
-	Transferee's name, address, and	ZIP + 4	Relationship of t	ransferor to transferee			
(a) No			T				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
Tarti							
 	(e) Transfer of gift						
	()						
-	Transferee's name, address, and	ZIP + 4	Relationship of t	ransferor to transferee			
	-						

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** CREATIVE COMMONS CORPORATION 04-3585301 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$ ____ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$______\$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

Schedule C (Form 990) 2022			CORPORATION			585301 Page 2
Part II-A Complete if the section 501(h)).	organizatio	on is exem	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
	nization helon	as to an affil	isted group (and list in	Part IV each affiliated	group member's name	address FIN
expenses, and		ŭ	•	Tait IV each anniated	group member s name	e, address, Liiv,
		, ,	d "limited control" pro	visions apply		
B Officer I if the filling orga	inzation check	NEU DOX A all	d illilited control pro	visions apply.	(a) Filing	(b) Affiliated group
	Limits on Lob penditures" m		nditures nts paid or incurred.)		organization's totals	totals
1a Total lobbying expenditures to	1a Total lobbying expenditures to influence public opinion (grassroots lobbying)					
b Total lobbying expenditures to			/ II		987.	
c Total lobbying expenditures (ad	dd lines 1a an	d 1b)			1,974.	
d Other exempt purpose expend					4,271,698.	
e Total exempt purpose expendi	tures (add line	s 1c and 1d)			4,273,672.	
f Lobbying nontaxable amount.	Enter the amo	unt from the	following table in both	n columns.	363,684.	
If the amount on line 1e, column	(a) or (b) is:	The lob	bying nontaxable amo	ount is:		
Not over \$500,000		20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1	,000,000	\$100,00	0 plus 15% of the exce	ess 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.						
g Grassroots nontaxable amount	t (enter 25% o	f line 1f)			90,921.	
h Subtract line 1g from line 1a. If	f zero or less, e	enter -0			0.	
i Subtract line 1f from line 1c. If	zero or less, e	nter -0			0.	
j If there is an amount other than	n zero on eithe	er line 1h or l	ine 1i, did the organiza	tion file Form 4720	_	
reporting section 4911 tax for t	this year?					Yes No
			raging Period Under			
(Some organization			` '	nave to complete all o	f the five columns be	elow.
			ate instructions for lin			
	Lob	bying Expen	ditures During 4-Yea	r Averaging Period		T
Calendar year (or fiscal year beginning in)	(a)	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount		360,577.	356,494.	306,355.	363,684.	1,387,110.
b Lobbying ceiling amount (150% of line 2a, column(e))						2,080,665.
c Total lobbying expenditures		4,499.	14,406.	14,129.	1,974.	35,008.
d Grassroots nontaxable amount	t	90,144.	89,124.	76,589.	90,921.	346,778.

5,248.

7,114.

1,271.

Schedule C (Form 990) 2022

987.

520<u>,167.</u>

14,620.

e Grassroots ceiling amount

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

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description the lobbying activity.			T		
	Yes	No)	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?	l l				
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					
2a 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					
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?art III-A Complete if the organization is exempt under section 501(c)(4), section 50					
	on 501(c)(5), or	sec	tion	
art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).			I	Yes	N
501(c)(6).		Г	1	Yes	N
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	N
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	he prior year	7 5), or	2 3 Sec	tion	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Inspection

Name of the organization

CREATIVE COMMONS CORPORATION

Employer identification number 04 - 3585301

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds at 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically impermission of a certified historically impermission or a certified hi	
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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically impermission of the property of the propose of the property of the propose of the	Yes No
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impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important processing and the process of the pr	Yes No
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Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important process.	
Preservation of land for public use (for example, recreation or education)	
	portant land area
	ric structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	n easement on the last
day of the tax year.	eld at the End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a) 2c	
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a	
historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri	ring the tax
year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement	ents during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements d	during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe	es the
organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar A	\
	155ets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	OIIC
and the considering Dark VIII the first of the feetwards to the feet at the contract that the contract the co	
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wo	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wo art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wo art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public provide the following amounts relating to these items:	
 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wo art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 	c service,
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wo art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$	
 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wo art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 	c service,
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wo art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$	c service,

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, o	r Other	Similar	Assets	(continu	ıed)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	make sig	nificant u	ise of its		
	collection items (check all that apply):									
а	Public exhibition	d	ι 🔲 L	oan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	e organizatio	n's exem _l	pt purpos	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations of	of art, his	torical treas	sures, or othe	er similar a	assets		_	
_	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered '	'Yes" on F	orm 990	, Part IV,	line 9, or	
12	Is the organization an agent, trustee, custodi		iany for co	ontributions	or other ass	eets not in	cluded			
ıu	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII									
	The root, oxplain the arrangement in rail value	and complete the for	iowing to	D10.					Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						y?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization an	swered "	Yes" on Fo	rm 990, Part	IV, line 10).			
		(a) Current year	(b) Pr	ior year	(c) Two year	rs back (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	•	e (line 1g,	column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
_	The percentages on lines 2a, 2b, and 2c short	•								
За	Are there endowment funds not in the posse	ssion of the organiza	ition that	are held ar	id administer	ed for the			Г	Yes No
	organization by:									res No
	(i) Unrelated organizations								3a(i)	-+-
	(ii) Related organizations								3a(ii)	
D	If "Yes" on line 3a(ii), are the related organizates Describe in Part XIII the intended uses of the								3b	
Par			willellt lu	nus.						
	Complete if the organization answere). Part IV.	line 11a. S	ee Form 990	. Part X. li	ne 10.			
	Description of property	(a) Cost or o			or other		cumulate	od	(d) Book	value
	Description of property	basis (investr		basis		` '	reciation	, a	(d) Dook	value
1a	Land	· · ·								
	Buildings									
	Leasehold improvements									
	Equipment				8,265.		6,	657.		1,608.
	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. columi	n (B). line 10	Oc.)					1,608.

Schedule D (Form 990) 2022 CREATIVE COMMONS	CORPORATION	0	4-3585301	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-ot-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(G)				
(H) Tetal (Col. (h) must equal Form 000, Part V. col. (P) line 12.)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c. See Form 990. Part X. line 13		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en		value
(1)	(b) Book value	(c) morned of valuation, coor of on	a or your market	value
(1)		<u> </u>		
(3)		<u> </u>		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
-	Description		(b) Book v	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			
Part X Other Liabilities. Complete if the organization answered "Yes" of				
(a) Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part A, line 25	(b) Book v	voluo.
., ., .			(b) BOOK (value
(1) Federal income taxes			+	
(2)			+	
(3)			+	
<u>(4)</u>			+	
(5)			+	
(6)			<u> </u>	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(7) (8) (9)

Part	Reconciliation of Revenue per Audited Financial Stateme		nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		T.T
			1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		0.0
	Add lines 2a through 2d		
	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	45	
	Other (Describe in Part XIII.)		
			4c
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part	XII Reconciliation of Expenses per Audited Financial Stateme	ents With Exp	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	=	
1	Total expenses and losses per audited financial statements		1
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
	Prior year adjustments		
	Other losses	I I	
	Other (Describe in Part XIII.)		
e .	Add lines 2a through 2d		2e
	Subtract line 2e from line 1		
	Amounts included on Form 990, Part IX, line 25, 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	
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		
PART	X, LINE 2:		
CREAT	TIVE COMMONS IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVEN	JE CODE	
SECTI	ON 501(C)(3) AND FROM CALIFORNIA TAX UNDER SECTION 23701D OF	THE	
BEVEN	UE AND TAXATION CODE.		
112 7 221	oz me manifor cozi,		
CREAT	TIVE COMMONS RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ON	LY IF	
THOSE	POSITIONS ARE NOT LIKELY TO BE SUSTAINED. MANAGEMENT CONTINU	JOUSLY	
EVALU	TATES TAX POSITIONS REFLECTED IN THE CREATIVE COMMONS' TAX FI	LINGS AND	
DOES	NOT BELIEVE THAT ANY MATERIAL UNCERTAIN TAX POSITIONS EXIST.		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

CREATIVE COMMONS CORPORATION 04-3585301 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EUROPE (INCLUDING ICELAND & GREENLAND) 0 0 GRANTMAKING 194,350. 1,350. NORTH AMERICA 0 0 GRANTMAKING SOUTH AMERICA 0 0 GRANTMAKING 11,100. CENTRAL AMERICA AND THE CARIBBEAN 0 0 GRANTMAKING 700. SUB-SAHARAN AFRICA 0 0 GRANTMAKING 4,200. SOUTH ASIA 0 0 GRANTMAKING 3,300. MIDDLE EAST AND 0 0 1,000. NORTH AFRICA GRANTMAKING EAST ASIA AND THE PACTETO 0 0 GRANTMAKING 33,620. 0 0 249,620. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I Totals (add lines 3a 249,620. and 3b)

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		EUROPE (INCLUDING							
		GREENLAND)	PROJECT SUPPORT	174,000.	ACH/WIRE	0.			
		EAST ASIA AND THE	PROJECT SUPPORT	32,370.	ACH/WIRE	0.			
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									

Page 2

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if		(c) Number of	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description of	(h) Method of
(a) Type of grant or assistance	(b) Region	recipients	cash grant	cash disbursement	noncash assistance	noncash assistance	valuation (book, FMV, appraisal, other)
	EUROPE (INCLUDING						
	ICELAND &						
PROJECT SUPPORT	GREENLAND)	25	20,050.	ACH/WIRE	0.		
		_					
PROJECT SUPPORT	NORTH AMERICA	6	1,350.	ACH/WIRE	0.		
PROJECT SUPPORT	SOUTH AMERICA	11	10,600.	ACH/WIRE	0.		
			, -				
	CENTRAL AMERICA						
PROJECT SUPPORT	AND THE CARIBBEAN	2	700.	ACH/WIRE	0.		
	SUB-SAHARAN						
PROJECT SUPPORT	AFRICA	6	3,700.	ACH/WIRE	0.		-
PROJECT SUPPORT	SOUTH ASIA	7	3,300.	ACH/WIRE	0.		
			,				
	MIDDLE EAST AND						
PROJECT SUPPORT	NORTH AFRICA	1	1,000.	ACH/WIRE	0.		
	EAST ASIA AND THE						
PROJECT SUPPORT	PACIFIC	3	1,250.	ACH/WIRE	0.		

Part 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)	X 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	X 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)	X 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	X 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	X 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	X No

Schedule F (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization						Employer ide	ntification number
CREATIVE CO	OMMONS CORPORATION					04-358530	1
Part I Fundraising Activities. required to complete this par	Complete if the organization answet.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais a	eed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration
	_						

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events 20TH ANNIVERASY NONE (add col. (a) through CELEBRATION col. (c)) (event type) (event type) (total number) 56,703. 56,703. 1 Gross receipts 2 Less: Contributions 55,123. 55,123. 3 Gross income (line 1 minus line 2) 1,580. 1,580. 4 Cash prizes 5 Noncash prizes Direct Expenses 10,136. 10,136. 6 Rent/facility costs 15,505. 15,505. 7 Food and beverages 1,500. 1,500. 8 Entertainment 20,383. 20,383. Other direct expenses 47,524. **10** Direct expense summary. Add lines 4 through 9 in column (d) -45,944. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	nedule G (Form 990) 2022 CREATIVE COMMONS CORPORATION 04	-3585301	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	. Yes	No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
	o An outside facility	1 1	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	c If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
Ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III, lines 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	
		,	

232083 10-27-22 Schedule G (Form 990) 2022

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization CREATIVE COMMO	ONG CODDODATIO	ON .					Employer identification number 04-3585301
Part I General Information on Grants as		JN					04-3363301
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's process.	o substantiate the stance?	oring the use of grant	funds in the United	l States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NEW VENTURE FUND 1828 L STREET NW, SUITE 300-A WASHINGTON, DC 20036	20-5806345	501(C)(3)	174,000.	0.			CONSULTING ON THE GLOBAL CAMPAIGN TO OPEN CLIMATE CHANGE & BIODIVERSITY RESEARCH.
PUBLIC KNOWLEDGE 1818 N STREET NW410 WASHINGTON, DC 20036	52-2336690	501(C)(3)	200,888.	0.			BETTER INTERNET PROJECT-PARTNERSHIP.
SOFTWARE FREEDOM CONSERVANCY, INC. 137 MONTAGUE ST STE 380 BROOKLTN, NY 11201-3548	41-2203632	501(C)(3)	8,000.	0.			SPONSORSHIP OF 1 INTERN.
0 Establishment (a atim 504 () ()			line d belefe				3,
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations	-		ie iinė 1 tabie				0.

04-3585301

Page 2

CREATIVE COMMONS CORPORATION

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INE ACTS GRANT		400.	0.		
INE ACIS GRANI	2	400.	0.		
MONORARIUM	2	700.	0.		
TEERING COMMITTEE MEMBER	1	5,000.	0.		
PRAVEL GRANTS	1	1,483.	0.		
		•			
Part IV Supplemental Information. Provide the information rec	4	750.		Iditional information	
PART I, LINE 2:	quireu iii Fait i, iii i	e 2, Fart III, Coluiriii	(b), and any other ac	ditional information.	
REPORTS OF THE USE OF FUNDS ARE REVIEWED BY OUR GL	ODAI COMMINITO	V MANACED			
AND MANY RECIPIENTS ALSO SUBMIT BLOG POSTS TO BE S	HARED WITH TH	E GLOBAL CC			
COMMUNITY.					

Schedule I (Form 990) CREATIVE COMMONS CORPORATION 04-3585301 Page 2

Schedule i (Form 990)					ray
Part III Continuation of Grants and Other Assistance to Dom	nestic Individuals	(Schedule I (Form 9	90), Part III.)	_	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DRKING GROUP MEMBER	1.	1,000.	0.		
		,			
ERTIFICATE SCHOLARSHIPS	55.	0.	15,725.	FMV	TICKETS

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CREATIVE COMMONS CORPORATION

Employer identification number 04 - 3585301

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use First-class or charter travel Housing allowance or residence for personal residence Payments for business use of personal residence Payments for business Payments for personal residence Payments for business Payments for business Payments for business Payments for personal services (such as maid, character, cheft)	Da	rt I Questions Regarding Compensation	303301		
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Sections A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	1 6	account regulating compensation		Voc	No
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Payments for business incurred by all directors, trusted and directors, trusted by a related organization or an elated organization: Taylor of the payment for the payment for payments for payment for payments for payments Payments for payments Pay	10	Chack the appropriate hav(as) if the arganization provided any of the following to ar for a pareon listed on Form 000		162	NO
First class or charter travel	Ia				
Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation or the CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Written employment contract Independent compensation consultant Compensation survey or study Written employment produced Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X 4 Participate in or receive payment from an equity-based compensation arrangement? 4b X 6 Participate in or receive payment from an equity-based compensation arrangement? 4c X 8 The organization? 5a X 9 The organization? 5a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X 5 Any related organization? 5a X 5 Any related organization? 5a X 6 Any related organization? 5a X 6 Any related organization? 5a X 7 Any related organization? 5a X 8 Were any amounts reported on Form 990, Part VII, Section A, line 1a, did t					
Tax indemnification and gross-up payments					
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation or the CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 3 Indicate which, if any, of the following the organization used to establish the compensation survey or study organization committee. 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment for change-of-control payment? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 Any related organization? 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5 Any related organization? 6 Any related organization? 6 Any related organization? 6 By					
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The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X					
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X	а	The organization?	6a		Х
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X	b		6b		Х
not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X					
not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X	7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X			7		Х
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8				
			8		Х
The first of the organization also follow the resultable presumption procedure described in	9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
Regulations section 53.4958-6(c)?	_		9		

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

Schedule J (Form 990) 2022

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CATHERINE STIHLER	(i)	252,243.	0.	0.	12,612.	24,889.	289,744.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CABLE GREEN	(i)	179,442.	0.	0.	8,972.	26,841.	215,255.	0.
DIRECTOR OF OPEN EDUCATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANNA K TUMADOTTIR	(i)	150,000.	0.	0.	7,500.	10,597.	168,097.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2022 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

CREATIVE COMMONS CORPORATION

Open to Public Inspection

Employer identification number

04 - 3585301

PART III LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CREATIVE COMMONS (CC) IS AN INTERNATIONAL NONPROFIT ORGANIZATION DEDICATED TO HELPING BUILD AND SUSTAIN A THRIVING COMMONS OF SHARED KNOWLEDGE AND CULTURE. TOGETHER WITH AN EXTENSIVE MEMBER NETWORK AND MULTIPLE PARTNERS, WE BUILD CAPACITY, WE DEVELOP PRACTICAL SOLUTIONS AND WE ADVOCATE FOR BETTER OPEN SHARING OF KNOWLEDGE AND CULTURE THAT SERVES THE PUBLIC INTEREST. AS PART OF THIS WORK, WE HELP OVERCOME LEGAL OBSTACLES TO THE SHARING OF KNOWLEDGE AND CREATIVITY TO ADDRESS THE WORLD'S MOST PRESSING CHALLENGES FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 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 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

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** CREATIVE COMMONS CORPORATION 04-3585301 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 DEEPER UNDERSTANDING OF RECOMMENDED PRACTICES FOR SHARING THEIR CONTENT WITH THE PUBLIC. FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF THE FORM 990 WAS REVIEWED AND APPROVED BY THE DIRECTOR OF FINANCE AND TREASURER. AFTER APPROVAL, A COPY OF FORM 990 WAS GIVEN TO THE ENTIRE GOVERNING BOARD. FORM 990, PART VI, SECTION B, LINE 12C: ORGANIZATION POLICY COVERS ALL DIRECTORS, OFFICERS, AND EMPLOYEES. ANNUALLY, THE STAFF AND BOARD ARE SURVEYED TO DISCLOSE ANY POTENTIAL CONFLICTS. THE CONFLICTS ARE LISTED ON A PRIVATE INTERNAL WEBSITE. POTENTIAL CONFLICTS ARE SENT TO THE LEGAL TEAM FOR REVIEW. DETERMINATION OF WHETHER A CONFLICT EXISTS IS MADE BY THE AUDIT COMMITTEE. THIS COMMITTEE MAKES A FINAL DETERMINATION AND REPORTS OUTCOMES TO THE BOARD OF DIRECTORS. PERSONS WITH ACTUAL AND POSSIBLE CONFLICTS ARE ALLOWED TO PROVIDE INFORMATION OF RELEVANCE TO THE DETERMINATIONS DURING THE MEETINGS AND THE REVIEW, BUT CANNOT ATTEND WHEN THE FINAL DETERMINATION OF THE CONFLICT IS DECIDED. FORM 990, PART VI, SECTION B, 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

Schedule O (Form 990) 2022 Page **2**

Name of the organization CREATIVE COMMONS CORPORATION	Employer identification number 04-3585301
CHAIR OF THE BOARD. THE COMMITTEE CONSIDERS COMPARABLE COMPENSATION USING	
SALARY SURVEYS AND SALARY RESEARCH SOFTWARE TO COMPARE 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.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND	
CODE OF CONDUCT ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON	
REQUEST FOR THE SAME PERIOD OF TIME SET FORTH IN SEC. 6104(D).	
FORM 990, PART VII, SECTION A, LINE 1A:	
MARI MORESHEAD IS AN EMPLOYEE OF THE CANADIAN SUBSIDIARY, BUT HER ONLY	
ASSIGNMENT IS TO SERVE AS CHIEF OF STAFF AND SECRETARY OF CREATIVE	
COMMONS CORPORATION.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

	CREATIVE COMMONS CORE	PORATION					04-3585301			
Part I	Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.						
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year		sets Direct contro entity		ntrolling	
	Identification of Related Tax-Exempt Organiza	hiere Complete if the appropriation	and the second s	N Port IV line 04 h						
Part II	organizations during the tax year.	_	answered Yes on Form 990	, Part IV, line 34, t	Decause it riad one	ormore		прі		
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ct controlling entity	ent	olled	
					501(c)(3))			Yes	No	

		0 11 17 11 11 11	"' " " " " " " " " " " " " " " " " " "	D . D . C . C		
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 34, l	because it had one or	more related
Part III	organizations treated as a partnership during the tax year.			, ,		

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514) (f) Share of total income		(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General manage partn	Percentag ownership
		country)		000000000000000000000000000000000000000			res	NO	Transfer to the state of the st	163	10

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	ent	tion b)(13) rolled tity?
								Yes	No
0941176 B.C. LTD			CREATIVE						
PO BOX 1866	TO EMPLOY CANADIAN		COMMONS						
MOUNTAIN VIEW, CA 94042	EMPLOYEES	CANADA	CORPORATION	C CORP	393,979.	12,922.	100%	х	

Part V T	Transactions With Related Organizations.	Complete if the or	rganization answered "`	Yes" on F	Form 990,	Part IV, line	34, 35b	, or 36.
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			\neg	Yes			
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<u> </u>	la		X		
b	o Gift, grant, or capital contribution to related organization(s)	<u> </u>	1b		X		
	Gift, grant, or capital contribution from related organization(s)		1c		Х		
	Loans or loan guarantees to or for related organization(s)		1d		Х		
	Loans or loan guarantees by related organization(s)		1e		Х		
f	Dividends from related organization(s)		1f		Х		
g	Sale of assets to related organization(s)		1g		Х		
	Purchase of assets from related organization(s)		1h		Х		
i	Exchange of assets with related organization(s)		1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)		1j		Х		
k	Lease of facilities, equipment, or other assets from related organization(s)		1k		Х		
	Performance of services or membership or fundraising solicitations for related organization(s)		11		Х		
m	n Performance of services or membership or fundraising solicitations by related organization(s)	1	m		Х		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<u>L</u>	<u>In</u>		Х		
0	o Sharing of paid employees with related organization(s)						
р	Reimbursement paid to related organization(s) for expenses		1p		Х		
	Reimbursement paid by related organization(s) for expenses		1q		Х		
r	Other transfer of cash or property to related organization(s)		1r	Х			
	Other transfer of cash or property from related organization(s)		1s		Х		
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.						
	(a) (b) (c) (d)						
(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amount involved							

type (a-s) 385,759. ACTUAL COST (1) 0941176 B.C. LTD 0 (2) 0941176 B.C. LTD 386,971.CASH R (4) (5)

Schedule R (Form 990) 2022 CREATIVE COMMONS CORPORATION 04-3585301 Page 4

Part VI 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership