

YEAR
2006

California Exempt Organization Annual Information Return

FORM
199

For calendar or fiscal year beginning month	day	year	and ending month	day	year
IMPORTANT: Your number is required.					
California corporation number 2412448		Federal employer identification number (FEIN) 04-3585301			
Corporation/Organization name CREATIVE COMMONS CORPORATION					
Address including Suite, Room, or PMB no. 171 SECOND STREET #300					
City SAN FRANCISCO, CA		State CA		ZIP Code 94105	
A Final return? Check applicable box. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date ●					
B Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Fed: <input checked="" type="checkbox"/> 990 Fed: <input type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120					
C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. <input checked="" type="checkbox"/>					
D Is this a group filing? See General Instruction N. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
E Accounting method used. . . ACCRUAL					
F Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 <input type="checkbox"/> D (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust					

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8. ●	1	-5,464.
	2	Gross dues and assessments from members and affiliates. ●	2	
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions. SEE SCH. B. ●	3	805,873.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$25,000, see General Instruction C. ●	4	800,409.
	5	Cost of goods sold. 5	5	
	6	Cost or other basis, and sales expenses of assets sold. 6	6	
	7	Total costs. Add line 5 and line 6.	7	
	8	Total gross income. Subtract line 7 from line 4.	8	800,409.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	2,442,413.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	-1,642,004.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F.	11	
	12	Penalty for failure to file on time. See General Instruction L.	12	
	13	Use tax. See General Instruction M. ●	13	
	14	Balance due. Add line 11, line 12, and line 13.	14	

- 15** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. Yes No
- 16** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. Yes No
- 17** Is the organization exempt under R&TC Section 23701g? Yes No
If 'Yes,' enter amount of gross receipts from nonmember sources. . . \$ _____
- 18** Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? Yes No
If 'Yes,' enter amount of total income reported. . . \$ _____
- 19** The financial records are in care of. THE ORGANIZATION Daytime telephone 415-369-8480
located at 171 SECOND STREET, SUITE 300 94105

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer <i>Deiane Cabell</i>	Date <i>5-01-2007</i>	Title <i>Asst Treasurer</i>
Paid Preparer's Use Only	Paid Preparer's signature BRUCE J. WRIGHT <i>[Signature]</i>	Date <i>4/27/07</i>	Check if self-employed <input type="checkbox"/> ● Paid preparer's SSN or PTIN P00083251
	Firm's name (or yours, if self-employed) and address GOOD & FOWLER, LLP 262 GRAND AVENUE SOUTH SAN FRANCISCO, CA 94080		FEIN 94-1262196
			Daytime telephone (650) 872-7600

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.....	1	
	2	Interest.....	2	7,119.
	3	Dividends.....	3	
	4	Gross rents.....	4	
	5	Gross royalties.....	5	
	6	Gross amount received from sale of assets.....	6	
	7	Other income. Attach schedule.....SEE STATEMENT 1.....	7	-12,583.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.....	8	-5,464.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.....	9	
	10	Disbursements to or for members.....	10	
	11	Compensation of officers, directors, and trustees. Attach schedule.....SEE STATEMENT 2.....	11	88,950.
	12	Other salaries and wages.....	12	954,287.
	13	Interest.....	13	
	14	Taxes.....	14	76,155.
	15	Rents.....	15	138,788.
	16	Depreciation and depletion.....	16	14,269.
	17	Other. Attach schedule.....SEE STATEMENT 3.....	17	1,169,964.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.....	18	2,442,413.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash.....		1,133,805.		1,429,432.
2	Net accounts receivable.....		2,405,000.		450,376.
3	Net notes receivable. Attach schedule.....				
4	Inventories.....				
5	Federal and state government obligations.....				
6	Investments in other bonds. Attach schedule.....				
7	Investments in stock. Attach schedule... STMT. 4.....				17,066.
8	Mortgage loans (number of loans... _____)				
9	Other investments. Attach schedule.....				
10a	Depreciable assets.....	48,413.		58,435.	
b	Less accumulated depreciation.....	23,653.	24,760.	37,922.	20,513.
11	Land.....				
12	Other assets. Attach schedule.... ST. 5.....		27,749.		45,590.
13	Total assets		3,591,314.		1,962,977.
Liabilities and net worth					
14	Accounts payable.....		54,082.		47,999.
15	Contributions, gifts, or grants payable.....				
16	Bonds and notes payable. Attach schedule.....				
17	Mortgages payable.....				
18	Other liabilities. Attach schedule... ST. 6.....				19,209.
19	Capital stock or principle fund.....		3,537,232.		1,895,769.
20	Paid-in or capital surplus. Attach reconciliation.....				
21	Retained earnings or income fund.....				
22	Total liabilities and net worth		3,591,314.		1,962,977.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books.....	-1,642,004.	7	Income recorded on books this year not included in this return. Attach schedule.....	
2	Federal income tax.....		8	Deductions in this return not charged against book income this year. Attach schedule.....	
3	Excess of capital losses over capital gains.....		9	Total. Add line 7 and line 8.....	
4	Income not recorded on books this year. Attach schedule.....		10	Net income per return. Subtract line 9 from line 6.....	-1,642,004.
5	Expenses recorded on books this year not deducted in this return. Attach schedule.....				
6	Total. Add line 1 through line 5.....	-1,642,004.			

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY
Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

CREATIVE COMMONS CORPORATION

Employer identification number

04-3585301

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.)..... ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization

CREATIVE COMMONS CORPORATION

Employer identification number

04-3585301

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FORD FOUNDATION 809 UNITED NATIONS PLAZA NEW YORK, NY 10017	\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	PAN-ASIA IDRC P.O. BOX 8500 OTTAWA ONTARIO CANAD, KIG 3HP	\$ 38,628.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	OSI BAARERSTRASSE 12 SWITZERLAND, CH6300 ZUG	\$ 58,406.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	O'REILLY FOUNDATION 8905 BARNETT VALLEY RD. SEBASTAPOL, CA 95472	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	JEWISH COMMUNAL FUND 575 MADISON AVE., SUITE 703 NEW YORK, NY 10022	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	MVSN 2830 DE LA CRUZ BLVD. SANTA CLARA, CA 95050	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CREATIVE COMMONS CORPORATION

Employer identification number

04-3585301

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	SKORONSKI FOUNDATION ----- 1325 ESTA VISTA CT. ----- ENCINITAS, CA 92024 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	EDUSERV FOUNDATION ----- QUEEN ANNE HOUSE, 11 CHARLOTTE ----- BATH, BA1 2NE, UK, -----	\$ 9,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	LINDEN RESEARCH, INC. ----- 1100 SANSOME STREET ----- SAN FRANCISCO, CA 94111 -----	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	MICROSOFT CORPORATION ----- ONE MICROSOFT WAY ----- RICHMOND, WA 98052-7329 -----	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	SUN MICROSYSTEMS ----- 4150 NETWORK CIRCLE ----- SANTA CLARA, CA 95054 -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	DIGITAL GARAGE ----- 2-43-15 TOMIGAYA ----- SHIBUYA-KU TOKYO, JP, 151-0063 -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CREATIVE COMMONS CORPORATION

Employer identification number

04-3585301

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	GOOGLE, INC. ----- 1600 AMPITHEATRE PKWY ----- MOUNTAIN VIEW, CA 94043 -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	DIVX, INC. ----- 4780 EASTGATE MALL ----- SAN DIEGO, CA 92121 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CREATIVE COMMONS CORPORATION

04-3585301

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ▶ \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

CREATIVE COMMONS CORPORATION

04-3585301

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

EURO TO DOLLARS (LOSS)	\$	-23,389.
INCOME FROM SPECIAL EVENTS		10,806.
	TOTAL \$	<u>-12,583.</u>

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
LAWRENCE LESSIG 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	CHAIRMAN/PRESID 40	\$ 0.	\$ 0.	\$ 0.
JAMES BOYLE 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	0.	0.	0.
MICHAEL CARROLL 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	0.	0.	0.
ERIC ELDRED 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	0.	0.	0.
ERIC SALTZMAN 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	0.	0.	0.
HAL ABELSON 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	0.	0.	0.
DIANE CABELL 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	SEC./ASST. TRES 30	56,600.	0.	0.
MOLLY SHAFFER VAN HOUWELING 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	0.	0.	0.
JOHN BUCKMAN 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	0.	0.	0.
NATALIE WALROND 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	CFO/TREASURER 17	32,350.	0.	0.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JOICHI ITO 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	\$ 0.	\$ 0.	\$ 0.
DAVIS GUGGENHEIM 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	0.	0.	0.
JIMMY WALES 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	0.	0.	0.
LAURIE RACINE 543 HOWARD STREET, 5TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 2	0.	0.	0.
		TOTAL \$ 88,950.	\$ 0.	\$ 0.

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$ 11,000.
BANK CHARGES.....	5,815.
CONTRACTOR FEES.....	218,120.
INSURANCE.....	42,148.
INTERNS.....	11,016.
LEGAL FEES.....	6,797.
MEMBERSHIP AND DUES.....	13,335.
OTHER EMPLOYEE BENEFIT.....	98,793.
PRINTING AND PUBLICATIONS.....	7,130.
PROFESSIONAL FUNDRAISING FEES.....	22,395.
PROFESSIONAL SERVICES.....	67,063.
PUBLICITY & COMMUNICATIONS.....	66,025.
RESEARCH.....	3,163.
SUPPLIES.....	49,865.
TECHNOLOGY.....	34,319.
TRAINING.....	1,400.
TRAVEL.....	511,580.
	TOTAL \$ 1,169,964.

**STATEMENT 4
FORM 199, SCHEDULE L, LINE 7
INVESTMENTS IN STOCKS**

INVESTMENTS.....	\$	17,066.
TOTAL	\$	<u>17,066.</u>

**STATEMENT 5
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS**

OTHER RECEIVABLES.....		23,234.
PREPAID EXPENSES AND DEFERRED CHARGES.....		22,356.
TOTAL	\$	<u>45,590.</u>

**STATEMENT 6
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES**

FUNDS HELD FOR SPONSORS.....		19,209.
TOTAL	\$	<u>19,209.</u>