Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

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

	<u> </u>	or the	e 2009 calendar year, or tax year beginning and ending	-, 	
	Вс	heck if	Please C Name of organization	D Employer identificat	tion number
	۳-	Addre:	use IRS		
	<u>_</u>	_chang	e print or FEDORA COMMONS, INC.		
	느	_chang	Doing Business As DURASPACE	26-03896	39
	\vdash	_iretum	See Specific Number and street (or P 0 box if mail is not delivered to street address) Room/su		
	누	Termir ated Amend	Instruct C/O CORNELL INFO SC BLDG 301 COLLEGE AVE	87782955	
	\vdash	_return	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,409,168.
	L_	Tion pendir	PITACA, NI 14050	H(a) Is this a group retu	rn Yes X No
		•	F Name and address of principal officer:SANDRA PAYETTE	for affiliates?	
			SAME AS C ABOVE	H(b) Are all affiliates includ	
			empt status:	If "No," attach a lis	
			te: WWW. FEDORA-COMMONS, ORG Ornanization X Corporation Trust Association Other Ly	H(c) Group exemption r	
			Organization (22)	ear of formation 2007 M S	tate of legal domicile NY
	Pa	rt I	Summary Description of the second of the se	ICMATNADI P	
	Çe	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE ST	DELATINABLE	
	Activities & Governance	_	TECHNOLOGIES TO HELP INDIVIDUALS AND ORGANIZATIONS CREATE, MANAGE, Check this box	oro than 25% of its not asso	ato .
	ver		Check this box if the organization discontinued its operations or disposed of m Number of voting members of the governing body (Part VI, line 1a)	3	9
	Go		Number of independent voting members of the governing body (Part VI, line 1b)	4	8
9	જ		Total number of employees (Part V, line 2a)	5	8
20	itie	i i	Total number of volunteers (estimate if necessary)	6	0
-	ţį	l	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
0	Ă	l	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
SCANNED DEC 0 7 2010	_		Het unrelated business taxable income norm out 350 1, into 54	Prior Year	Current Year
出	•	8	Contributions and grants (Part VIII, line 1h)	582,364.	1,335,869.
Ω	ğ		Program service revenue (Part VIII, line 2g)	10,960.	64,646.
皿	Revenue	ĺ	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,906.	8,653.
otag			Other revenue:(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
Z			Total revenue - add lines 8 (Arough 11 (must equal Part VIII, column (A), line 12)	627,230.	1,409,168.
သွ			Grants and similar amounts paid (Partel X, column (A), lines 1-3)		
,,,			Benefits paid toportor members (Part Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
	Š	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	514,161.	735,921.
	Expenses	16a	Professiona l fundraising fees (Part IX column (A), line 11e)		***************************************
	xpe		Total fundraising experieds (Partity, column (D), line 25)		
	ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	815,504.	780,613.
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,329,665.	1,516,534.
		19	Revenue less expenses Subtract line 18 from line 12	-702,435.	-107,366.
	Net Assets or Fund Balances			Beginning of Current Year	End of Year
	sets	20	Total assets (Part X, line 16)	1,134,652.	991,097.
	ad As	21	Total liabilities (Part X, line 26)	165,521.	129,930.
			Net assets or fund balances. Subtract line 21 from line 20	969,131.	861,167.
	Pá	art II	Signature Block	ate and to the best of my brewledge	and holief it in this parmet
			Under penalties of penury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	idge	and belief, it is true, correct,
			V dealar to the	1/12-1	' A
	Sig		Skinature of officer	1/-/2-/	<u> </u>
	Her	e	1.	20.0	
			SANDRA PAYETTE, EXECUTIVE DIRECTOR Type or print name and title		
	-		I Data	Check if Preparer's	s identifying number
	Paid	1	Preparer's signature 1 - 1 - 10	self- employed ►	
	Prep	arer's	Firm's name (or SCTARAREA WALKER & CO. LLP	EIN >	<u> </u>
	Use	Only	yours if self-employed), 200 E BUFFALO ST, SUITE 402		
			address, and ZIP + 4 ITHACA NEW YORK 14850	Phone no ► 607	-272-5550
	—— May	/ the I	RS discuss this return with the preparer shown above? (see instructions)	1 silv ito	X Yes No
		01 02-0		instructions.	Form 990 (2009)
	~~~	J. VE'	- ,	•	- \

6-16-17

orm	990 (2009) FEDORA COMMONS, INC.	26-03896	39 Page <b>Z</b>
Par	t III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	TO PROVIDE SUSTAINABLE TECHNOLOGIES TO HELP INDIVIDUALS AND		
	ORGANIZATIONS CREATE, MANAGE, AND PRESERVE DIGITAL RESOURCES UPON		
	WHICH WE FORM OUR INTELLECTUAL SCIENTIFIC AND CULTURAL HERITAGE.		
	William William Con International Control of the Co		
 2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?		Yes X No
	·		
	If "Yes," describe these new services on Schedule O.	10002	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ces	LITES LA INO
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	nt of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
_	10.1 A.C. 0.4C. variety of C	\/Dayanya f	£4 £45 \
4a	(Code: ) (Expenses \$ 1,446,946. including grants of \$	) (Revenue \$	64,646.)
	COORDINATED THE DEVELOPMENT, MAINTENANCE, AND DISTRIBUTION OF OPEN		-
	SOURCE SOFTWARE FOR DIGITAL REPOSITORIES AND SERVICES SUPPORTING THE		
	CREATION, MANAGEMENT, DISSEMINATION, AND PRESERVATION OF DIGITAL		
	INFORMATION.		
4b	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
		·	
			<u> </u>
			<del></del>
4c	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
		<del>-</del>	
			· <u>-</u>
4d	Other program services (Describe in Schedule O.)		
_	(Expenses \$ including grants of \$ ) (Revenue \$	)	
40	Total program service expenses \$ 1,446,946.		

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Х

# Form 990 (2009) FEDORA COMMONS, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1	۱.	
	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			Ì
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	}		
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was		1	
	an officer, director, trustee, or direct or indirect owner? 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		1	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	ļ	х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	1		
	If "Yes," complete Schedule R, Part V, line 2	35		x
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			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	<u> </u>
		Form	990	(2009)

12a

11b

amounts due or received from them)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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 in Schedule O See instructions

Sec	tion A. Governing Body and Management			ı	V 1	N-		
4 -	Catastha averabay of votice members of the governing hadre	112			Yes	No		
	Enter the number of voting members of the governing body	1a 1b		2 8	1			
	Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship			Ĭ				
2		P WILLI	arry other	2	х			
2	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the	a dira	et euroen/leion	<del>-</del>				
3	of officers, directors or trustees, or key employees to a management company or other person?	ie direc	a supervision	3		x		
	Did the organization make any significant changes to its organizational documents since the prior Fo	orm QQ	n was filed?	4		х		
5	Does the organization have members or stockholders?			6		X		
6	Does the organization have members of stockholders, or other persons who may elect one or more more may be a stockholders.	ember	s of the					
7a	governing body?		301 1110	7a		x		
h	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons?	1	7b		x		
8	Did the organization contemporaneously document the meetings held or written actions undertaken							
0	by the following:	Comi	, 1110 your					
_	The governing body?			8a	х			
	Each committee with authority to act on behalf of the governing body?			8b	х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the	100				
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	doned	at the	9		х		
S00	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code )	, ,				
Jec	tion B. Foncies (This Section B requests information about policies not required by the internal	1010110			Yes	No		
102	Does the organization have local chapters, branches, or affiliates?			10a		x		
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers. affiliates.	100				
	and branches to ensure their operations are consistent with those of the organization?	· • · · · · · · · · · · · · · · · · · ·	,,	10b				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before	filina th	e form?	11	х			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a				12a	х	1		
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld an	e rise					
-	to conflicts?	•		12b	х			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,	describe					
	In Schedule O how this is done			12c	х			
13	Does the organization have a written whistleblower policy?			13		х		
14	Does 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 approx	/al by ı	ndependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	To the Second Se			15a	х			
ь	Other officers or key employees of the organization			15b	х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a					
	taxable entity during the year?			16a		х		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to ev	aluate	its participation					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	ganıza	ion's					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶NY, MA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	-T (501	(c)(3)s only) avaılab	le for				
	public inspection. Indicate how you make these available. Check all that apply.							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflic	t of interest policy,	and fina	ancial			
	statements available to the public.							
20	State the name, physical address, and telephone number of the person who possesses the books	and re	cords of the organiz	ation:	<b>-</b>			
	SCIARABBA WALKER & CO. LLP - 607-272-5550							
	200 EAST BUFFALO ST., ITHACA, NY 14850							

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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

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

Check this box if the organization did		y cı	irren			, dire	ecto			
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position Reportable (check all that apply) compensation		Reportable	Estimated					
	hours per	<u> </u>	neck	(all	tnat	арр	iy) 	compensation from	compensation from related	amount of other
	week	ector						the	organizations	compensation
		5	88	ļ		graped		organization	(W-2/1099-MISC)	from the
		nstæ	1 finst		88	medi		(W-2/1099-MISC)		organization
		Individual trustee or director	Institutional trustee	_	Key employee	St CO	 			and related
		lnd Me	Inst	Officer	Keye	Highest compensated employee	Former			organizations
MICHAEL BENARD		T								
DIRECTOR	1.00	x						0.	0.	0.
G. SAYEED CHOUDHURY			ļ		İ			[		
DIRECTOR	1.00	x				<u> </u>		0.	0.	0.
PAUL N. COURANT			ļ				}			}
DIRECTOR	1.00	x			ļ			0.	0.	0.
CHARLES J HENRY					İ					
DIRECTOR	1.00	x	L	<u> </u>				0.	0.	0.
DIANA OBLINGER						ŀ				
DIRECTOR	1.00	x	<u> </u>			<u> </u>		0.	0.	0.
JOHN WILBANKS										
TREASURER	1.00	X_		х		<u> </u>		0.	0.	0.
ANN J WOLPERT										
CO-CHAIRMAN	1.00	X	ļ	x		_		. 0.	0.	0.
JAMES HILTON										-
CHAIRMAN	1.00	x	_	x	_	ļ		0.	0.	0.
SANDRA PAYETTE							ŀ			
EXECUTIVE DIRECTOR/ BOAR	50.00	X		x	L	ļ	_	132,188.	0.	13,219.
PAUL GEARON										
DEVELOPER	40.00	ļ	-	<u> </u>	ļ	x		115,000.	0.	11,500.
				ļ						
		╄	-	_	-	├	_			
		<u> </u>	-	_	-	-				
					İ		ĺ			
		-	-	ļ —	<u> </u>	<u> </u>			<u> </u>	
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						igspace				
	1	1	1	1	ı	1	1		I	i

(A) Name and business address	(B) Description of services	(C) Compensation
CORNELL UNIVERSITY	CORNELL PROVIDES AN ARRAY OF	
PO BOX 22, ITHACA, NY 14850	SERVICES FR	365,860.
MASSACHUSETTS INSTITUTE OF TECHNOLOGY, 77	MIT PROVIDES AN ARRAY OF	
Name and business address  LL UNIVERSITY  IX 22, ITHACA, NY 14850  CHUSETTS INSTITUTE OF TECHNOLOGY, 77  CHUSETTS AVENUE, CAMBRIDGE, MA 02139  Total number of independent contractors (including but not limited to those list	SERVICES	135,882.
2 Total number of independent contractors (including but not limited \$100,000 in compensation from the organization ▶	d to those listed above) who received more than	

			COMMONS, INC	•			26-0389639	Page <b>9</b>
Pai	rt VI	II Statement of Rever	nue					
		,			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
	c	Fundraising events	1c				,	1
ar ar	c	Related organizations	1d					ı
S.E	e	Government grants (contributi	ions) 1e	135,869.				1
ë s	f	All other contributions, gifts, grant	ts, and					1
호		similar amounts not included above	ve 1f	1,200,000.				1
풀	g	Noncash contributions included in lines	1a-1f \$					1
<u> </u>	ŀ	Total. Add lines 1a-1f		<b>•</b>	1,335,869.			
				Business Code				i I
ဗွ	2 a	MANAGEMENT AND CONSULT		541610	64,646.	64,646.		
<u> </u>	t	<b></b> _			<u> </u>			
Program Service Revenue	c	>						
ě a	c	i						<u> </u>
5 <u></u>	€	·			<u> </u>			<u> </u>
<u>-</u>	f	All other program service reve	enue		· · · · · · · · · · · · · · · · · · ·			ļ <u></u>
$\perp$	9	Total. Add lines 2a-2f		<b>•</b>	64,646.			·
ļ	3	Investment income (including	dıvıdends, ınter	_				
İ		other similar amounts)			8,653.			8,653.
	4	Income from investment of tax	x-exempt bond	. [				
	5	Royalties		<b>•</b>				<del></del>
			(ı) Real	(ii) Personal				
	6 a							
l	t	Less rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		<b>▶</b>	<del></del>	1		
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
l	t	Less: cost or other basis		ļ				
1		and sales expenses						
		Gain or (loss)		-1				
		Net gain or (loss)						
Jue	8 6	<ul> <li>Gross income from fundraising including \$</li> </ul>	g events (not of					
Ş		contributions reported on line						
Other Revenue		Part IV, line 18						
흔		b Less direct expenses	a L					
ਠ		Net income or (loss) from fund		` <b></b>				
		a Gross income from gaming ac				Ÿ		
	3.	Part IV, line 19	201VII.03. 000 8	,				
		b Less: direct expenses	ŀ					
		Net income or (loss) from garr			ì	ĺ	•	
		a Gross sales of inventory, less						
		and allowances		, l				
	ı	b Less cost of goods sold	ŀ					
ł		Net income or (loss) from sale	s of inventory	<b>•</b>				[
İ		Miscellaneous Revenu		Business Code	<del>-</del>			
İ	11 a							
		b						
l		<del></del>						
		d All other revenue						
	•	e Total. Add lines 11a-11d		<b></b>				
	12_	Total revenue. See instructions.			1,409,168.	64,646.	0.	· · · · · ·
93200 02-04	9 -10							Form <b>990</b> (2009)

26-0389639

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple	ete column (A) but are	not required to comple	te columns (B), (C), and	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	İ			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	132,188.	132,188.		<u>.</u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	456,694.	456,694.		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	58,897.	58,897.		
9	Other employee benefits	42,205.	42,205.		
10	Payroll taxes	45,937.	45,937.		
11	Fees for services (non-employees):				
а	Management				
b	Legal	11,580.		11,580.	
c	Accounting	21,219.		21,219.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	investment management fees		_		
g	Other	542,605.	542,605.		
12	Advertising and promotion	3,306.	3,306.		
13	Office expenses				
14	Information technology				
15	Royalties				<u></u>
16	Occupancy				
17	Travel	130,189.	130,189.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		···		
19	Conferences, conventions, and meetings	10,992.	10,992.		
20	Interest				
21	Payments to affiliates	<u>-</u>			<del></del>
22	Depreciation, depletion, and amortization	34,999.		34,999.	· <del></del>
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	EVENTS - FACILITIES/EXP	7,167.	7,167.		
b	INTERNET SERVICE	4,556.	4,556.		
c	INSURANCE	2,337.	2,337.		
d	SOFTWARE	1,974.	1,974.		
е	TELEPHONE EXPENSE	1,621.		1,621.	
f	All other expenses	8,068.	7,899.	169.	
25	Total functional expenses. Add lines 1 through 24f	1,516,534.	1,446,946.	69,588.	0.
26	Joint costs. Check here   If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined	ļ			
	educational campaign and fundraising solicitation		, . <u></u>		

Part X Balance Sheet (A) (B) End of year Beginning of year 213,415. 1 320,583. Cash · non-interest-bearing 781,375. 2 466,457. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 92,118. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 10a 182,671. basis. Complete Part VI of Schedule D 10b 70,732. 139,862. 111,939. 10c b Less accumulated depreciation Investments - publicly traded securities 11 11 12 12 Investments - other securities See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 1,134,652 097 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 991 165,521. 17 129,930. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 25 Other liabilities. Complete Part X of Schedule D 165,521 129,930. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 

X and complete lines 30 through 34. 0. 30 ٥. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund ٥. 31 0. 969,131. 32 861,167. 32 Retained earnings, endowment, accumulated income, or other funds 969,131. 33 861,167. 33 Total net assets or fund balances 1,134,652. 34 991,097. Total liabilities and net assets/fund balances

Form 990 (2009)

Page	1	2
, age	•	_

Pa	rt XI Financial Statements and Reporting			
			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 in Schedule O.			,
2a		2a		х
ь		2ь	х	
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?	2c	x	
d	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u>3b</u>	L	<u> </u>
		Form	990	/2009

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2009

Open to Public Inspection

**Employer identification number** 

Name of the organization

26-0389639 FEDORA COMMONS INC. 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 X section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally integrated d ___ Type III - Other __l Type i By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 11g(i) the governing body of the supported organization? 11g(ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the

organization	anization (desci		organization (described on lines 1-9 above or IRC section			ion in col	organization in col (i) organized in the US?		support	
		(see instructions))	Yes	No	Yes	No	Yes	No		
							:			
				ļ						
otal	<del></del> _	dusting Act Nation and	1	<u> </u>	1	L	<u> </u>	1 4 5	900 or 990-E7\ 200	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Sch	edule A (Form 990 or 990-EZ) 2009 F1	ZDORA COMMONS,	INC.			26-0389639	Page 2
Pa	rt II Support Schedule for			Sections 170(b	)(1)(A)(iv) and	l 170(b)(1)(A)(vi)	
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I)				<del> </del>
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			1,818,227.	582,364.	1,335,869.	3,736,460.
2	Tax revenues levied for the organ-						
	ızatıon'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			1,818,227.	582,364.	1,335,869.	3,736,460.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		`				
	column (f)						3,398,545.
_6	Public support. Subtract line 5 from line 4						337,915.
Sec	ction B. Total Support				<del></del>		
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			1,818,227.	582,364.	1,335,869.	3,736,460.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			22,110.	33,906.	8,653.	64,669.
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 IV.)	-					
11	<b>Total support.</b> Add lines 7 through 10		<u> </u>			1	3,801,129.
	Gross receipts from related activities					12	75,606.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth tax	x year as a sectio	n 501(c)(3)	, —
<del></del>	organization, check this box and sto			<del></del> -		<del></del>	<u>X</u> _
	ction C. Computation of Pub			1 (0)		44	
	Public support percentage for 2009 (			column (t))		14	%
	Public support percentage from 2008				4 00 4/00/	15	9
16a	33 1/3% support test - 2009. If the c				4 is 33 1/3% or m	ore, cneck this box	and
	stop here. The organization qualifies		-		45 00 4/00/		المسا
t	33 1/3% support test - 2008. If the c				ine 15 is 33 1/3%	or more, check this	s dox ▶□
<i></i>	and stop here. The organization qua	•			10 10 101	and line 4.4 to 4007	<b>-</b>
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fa					π iv now the organi	zation
_	meets the 'facts-and-circumstances'					7a and her 45 (- 4	~
t	10% -facts-and-circumstances tes						U% Of
	more, and if the organization meets t	ne racts-and-circu	mistances test, (	THECK THIS DOX AND S	nop nere. Explair	ı ııı raıtıv now the	

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Sche	edule A (Form 990 or 990-EZ) 2009 irt III   Support Schedule for C	Organizations	Described in	Section 509(a)	(2) (Complete only	ıf you checked the bo	Page 3 x on line 9 of Part I
Sec	tion A. Public Support						
$\overline{}$	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or 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		1				
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and				i		
	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)				<u> </u>		
Sec	ction B. Total Support		,				
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	a 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						
	Net Income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)					<u> </u>	
14	First five years. If the Form 990 is fo	r the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	ercentage		<del></del>		
15				column (f))	<del></del>	15	%
16				`,,,		16	%
_	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
18				,		18	%
	a 33 1/3% support tests - 2009. If the			on line 14 and lin	e 15 is more than		
196	more than 33 1/3%, check this box a						▶ [
							and
'	b 33 1/3% support tests - 2008. If the						
00	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
20	Frivate ioungation, it the organization	ALL GIG HOLDIECK &	COUNTRIES 14, 13	ra, or rad, cricch i	DON WIND SEE II		

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

**Employer identification number** Name of the organization 26-0389639 FEDORA COMMONS, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 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 Yes 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" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2b 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 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located

include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

violations, and enforcement of the conservation easements it holds?

- a Revenues included in Form 990, Part VIII, line 1
- **b** Assets included in Form 990, Part X

and section 170(h)(4)(B)(ii)?

	\$ 
ightharpoons	\$ 

Yes

Yes

► \$_____ ► s

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

6

7

Sche	dule D (Form 990) 2009 FEDORA COM	ONS, INC.					:	26-03896	39	Pag	ge <b>2</b>
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, o	or Othe	er Simila	ar <u>Asset</u>	<b>ts</b> (conti	nued)	
3											
	(check all that apply):										
а	Public exhibition	d	ı 🗆 ı	Loan or excl	hange progra	ams					
ь	Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizati	on's exe	mpt purpo	se in Part	XIV.		
5	During the year, did the organization solicit of										
-	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran					s" to Fori	m 990, Pa	rt IV, line 9	9, or		
· · · · · · · · · · · · · · · · · · ·	reported an amount on Form 990, Pa	-									
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	ıncluded				
	on Form 990, Part X?								Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowina t	able.							
~	Too, explain the arrangement in Farther	and complete the re	,						Amount		
_	Beginning balance						1c				
4	Additions during the year						1d				
•	Distributions during the year						1e				
•	- ·						1f				
t On	Ending balance	orm 000 Port Y line	212						Yes		No
	Did the organization include an amount on F If "Yes." explain the arrangement in Part XIV	OIII 990, Fait A, line	, 21,						J 103	<u> </u>	.40
Par	<del></del>	f the organization ar	newered	"Yes" to Fo	rm QQN Part	IV line 1	<u> </u>				
FOI	Litadwillett i arias. Complete		T	rior year	(c) Two yea			ears back	(e) Four	veare h	ack
4	Decrease of wear belongs	(a) Current year	70) -	nor year	(C) TWO yea	13 Dack	(d) Tillee	Cars Dack	(6) 1 001	years o	ack
1a	Beginning of year balance					-		·· <del>······················</del>			<del></del>
b	Contributions		<del></del>				······				
C	Net investment earnings, gains, and losses										
	Grants or scholarships				ļ						
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses			<del></del> -			·····			··· <del>····</del>	
g	End of year balance				<u> </u>	L			L		
2	Provide the estimated percentage of the year	ar end balance held a									
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		%									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ind administe	ered for t	he organi	zation	Г		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
þ	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sched	dule R?					3b		
4	Describe in Part XIV the intended uses of the										
Pa	t VI Investments - Land, Building	gs, and Equipm	ent. Se	e Form 990	, Part X, line	10.					
	Description of investment	(a) Cost or o			or other		ccumulat	1	(d) Boo	k value	
		basis (invest	ment)	basis	(other)	de	preciation				
1a	Land										
b	Buildings				_						
С	Leasehold improvements										
d	Equipment				182,671.		70	732.		111,9	<del>)</del> 39.
е	Other										
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Pari	t X, colur	nn (B), line	10(c))			<b></b>		111,9	939.

chedule D (Form 990) 2009 FEDORA COMMONS,			26-03	89639	Page
Part VII Investments - Other Securities. Se	ee Form 990, Part X, line 12.				
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation or end-of-year market		
inancial derivatives					
losely-held equity interests					
ther					
		<u> </u>	· <del></del>		
		<del></del>			
otal. (Col (b) must equal Form 990, Part X, col (B) line 12 )	<u> </u>				
Part VIII Investments - Program Related. S	See Form 990, Part X, line 13.		•		
(a) Description of investment type	(b) Book value		(c) Method of valuation		
(a) becomplied of investment type	(5) 50011 12.00	Cost	or end-of-year marke	et value	
			<u></u>		
<u> </u>					
, <u></u>					
		······································			
otal. (Col (b) must equal Form 990, Part X, col (B) line 13 )					
Part IX Other Assets. See Form 990, Part X, line				(b) D1-	-1
(a	) Description			(b) Book v	alue
	<del></del>				
			,		
					-
	15 \		<b>•</b>		·
otal. (Column (b) must equal Form 990, Part X. col (B) IIr Part X Other Liabilities. See Form 990, Part X		-			
(a) Description of liability		b) Amount			•••••
<u> </u>		b) / tillount			,
ederal income taxes					
		-			
<del> </del>					
<del></del>					
	05)				
otal. (Column (b) must equal Form 990, Part X, col (B) lir	ne 25.)			·	

uncertain tax positions under FIN 48 932053 02-01-10

	dule D (Form 990) 2009 FEDORA COMMONS, INC.			26-0389639	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audited Fin	ancial St	atements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,409,168.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,516,534.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		-107,366.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		-434.
8	Other (Describe in Part XIV.)		8		-164.
9	Total adjustments (net). Add lines 4 through 8	•	9	· <del>· · · · · · · · · · · · · · · · · · </del>	-598.
10 Da	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII. Reconciliation of Revenue per Audited Financial Statement		Venue ne	r Return	-107,964.
1	Total revenue, gains, and other support per audited financial statements	ito with the	tende pe	1	1,409,168.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				1,405,100.
a	Net unrealized gains on investments	2a			
ь	Donated services and use of facilities	2b		<del> </del>	
c	Recoveries of prior year grants	2c			
ď	Other (Describe in Part XIV.)	2d	**		
e	Add lines 2a through 2d	L_==_		2e	0.
3	Subtract line 2e from line 1			3	1,409,168.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	<del></del>		
c	Add lines 4a and 4b	,		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	1,409,168.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With E	xpenses	per Return	
1	Total expenses and losses per audited financial statements			1	1,516,699.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	1	65.	
е	Add lines 2a through 2d			2e	165.
3	Subtract line 2e from line 1			3	1,516,534.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
	Add lines 4a and 4b			4c	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,516,534.
	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,				
. ,	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete the complete transport of the complete transport of the complete transport of the complete transport of the complete transport	ete this part to	provide an	y additional inform	ation
THE	DIFFERENCE IN EXPENSES IS DUE TO THE DIFFERENCE IN THE BOOK		-		
חפח	RECIATION VS TAX DEPRECIATION.				
DEFI	ECTATION VS TAX DEFRECIATION.				
тнк	ORGANIZATION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH FASB				
	ONORTHWITTON RECOGNITY TON TRESTED THROW IN RECOGNITION WITH THE				
ACC	OUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, FASE ASC	740-10			
CLAI	RIFIES THE ACCOUNTING FOR INCOME TAXES, BY PRESCRIBING A MINIMUM				•
RECO	OGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFOR	E BEING			
REC	GNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE O	N			· <del></del>
DERI	COGNITION, MEASUREMENT AND CLASSIFICATION OF AMOUNTS RELATING T	<u> </u>		<del></del>	
				0.5.4.1.0	(Earm 000) 2000

Schedule D (Form 990) 2009 FEDORA COMMONS, INC.	26-0389639	Page 5
Part XIV Supplemental Information (continued)		
UNCERTAIN TAX POSITIONS, ACCOUNTING FOR AND DISCLOSURE OF INTEREST AND		
PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURES AND TRANSITION		
PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCESSORES AND INAUSTITION	<u> </u>	
RELATING TO THE ADOPTION OF THE NEW ACCOUNTING STANDARD. THE ORGANIZATION		
ADOPTED FASB ASC 740-10 AS OF JANUARY 1, 2009 AND DETERMINED THAT THE		
ADOPTION OF FASE ASC 740-10 DID NOT HAVE A MATERIAL IMPACT ON THE		
ODCANIZAMIONE PINANCIAI DOCIMION AND ODERAMINE DECIME		
ORGANIZATIONS FINANCIAL POSITION AND OPERATING RESULTS.		
	_	
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	<del></del>	
	<del>-</del> ·	

#### SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

**Employer identification number** Name of the organization 26-0389639 FEDORA COMMONS, INC PART I LINE 1 DESCRIPTION OF ORGANIZATION MISSION: AND PRESERVE DIGITAL RESOURCES UPON WHICH WE FORM OUR INTELLECTUAL SCIENTIFIC, AND CULTURAL HERITAGE FORM 990, PART VI, SECTION A, LINE 2: SANDY PAYETTE (EXECUTIVE DIRECTOR) AND CARL LAGOZE(BOARD SECRETARY) ARE MARRIED. FORM 990, PART VI, SECTION B, LINE 11: THE GOVERNING BODY MEETS TO REVIEW THE 990 BEFORE IT IS FILED. FORM 990 PART VI, SECTION B, LINE 12C: THE ORGANIZATION ASKS BOARD MEMBERS TO READ AND SIGN A CONFLICT OF INTEREST POLICY EVERY YEAR FORM 990 PART VI SECTION B LINE 15: INDEPENDENT HR CONSULTANT WAS ASKED TO PROVIDE INDUSTRY DATA FOR SIMILAR POSITIONS; HR CONSULTANT ALSO CONTACTED SIMILAR HIGH-TECH NOT-FOR-PROFITS TO FIND OUT THEIR ED SALARIES THIS DATA WAS SENT TO CHAIR OF BOARD BOARD OF DIRECTORS CREATED SUB COMMITTEE TO DELIBERATE AND SET THE SALARY BASED ON HR DATA FROM CONSULTANT, THEIR OWN KNOWLEDGE OF THE ACADEMIC AND NOT-FOR-PROFIT SECTOR, AND THE QUALIFICATIONS AND EXPERIENCE OF THE CEO BOAR SUB-COMMITTEE PRESENTED THEIR RECOMMENDATION TO FULL BOARD. FULL BOARD DELIBERATE IN PRIVATE SESSION WHERE THE CEO WAS NOT PRESENT FULL BOARD VOTED ON SALARY.

#### SCHEDULE O (Form 990)

### Supplemental Information to Form 990

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

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. Inspection Name of the organization **Employer identification number** 26-0389639 FEDORA COMMONS, INC. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES IT'S GOVERENING DOCUMENTS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO PUBLIC UPON REQUEST.

## Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return

OMB No 1545-1709

			<del></del>					
• If you a	are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ [	X				
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).						
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.								
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).							
A corpora	ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete	,					
•	Part I only							
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an ome tax returns.	exten	sion of time					
noted bel (not autor you must	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension ow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronimatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file tower in the electronic file over the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form of the form o	cally if	(1) you want the addr ated Form 990-T Inste	tional				
Type or	Name of Exempt Organization	Emp	Employer identification number					
print	FEDORA COMMONS, INC.	[						
Eda by the	C/O CORNELL INFORMATION SCIENCE BLDG	2	<u>6-0389639</u>					
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.  301 COLLEGE AVE							
return See instructions	See							
	ITHACA, NY 14850							
X For	Check type of return to be filed (file a separate application for each return):         Form 990         Form 990-T (corporation)         Form 4720           Form 990-BL         Form 990-T (sec. 401(a) or 408(a) trust)         Form 5227           Form 990-EZ         Form 990-T (trust other than above)         Form 6069           Form 990-PF         Form 1041-A         Form 8870							
<ul><li>Teleph</li><li>If the c</li><li>If this j</li></ul>	SCIARABBA WALKER & CO. LLP  blocks are in the care of ▶ 200 EAST BUFFALO ST ITHACA, NY 14850  block one No ▶ 607-272-5550  FAX No. ▶  briganization does not have an office or place of business in the United States, check this box  s for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  . If the  . If it is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all	s is fo	r the whole group, che					
is fo	quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010 , to file the exempt organization return for the organization named a corporation or the organization's return for the organization named a corporation or the organization's return for the organization named a corporation or the organization or the organization named a corporation or the organization named a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010 , to file the exempt organization return for the organization named a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010 , to file the exempt organization return for the organization named a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010 , to file the exempt organization return for the organization named a corporation or the organization named a corporation or the organization named a corporation or the organization named a corporation or the organization named a corporation or the organization named a corporation or the organization named a corporation or the organization named a corporation or the organization or the organization named a corporation or the organization or the organization named a corporation or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organiza	bove.	The extension  Change in accounting	nored				
		<u> </u>	Change in accounting	penoa				
	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
	refundable credits. See instructions.	3a	\$					
	is application is for Form 990-PF or 990-T, enter any refundable credits and estimated		<b>.</b>					
	payments made. Include any prior year overpayment allowed as a credit.	3b	<u>\$</u>					
dep	ance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, iosit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	3c	s N/	A				
		0070						

			_	
forn	8868 R& 4-2009		Page 2	
• 17	งอับ are filing for an Additional (Not Automatic) 3-Month Extension complete only Part II and check this b	Dλ	► <u>X</u> :	
Note	Only complete Part II ii you have alleady been gramted an automatic 3 month extension on a breviously filed	form	8368	
• j;	vou are filing to, an Automatic 3-Month Extension, complete only Part I ion page 1.			
Pa	rt II Additional (Not Automatic) 3-Month Extension of Time. Only file the original ino o	obies i	neepedi	
_	Name of Exempt Cirganization	Emp	Employer identification number	
Туре	FEDORA COMMONS, INC.			
prin	C/O CORNELL INFORMATION SCIENCE BLDG	2	<u>6-0389639</u>	
File by	I blumper creat and seem or outs no life D O not analyze tone	For I	RS use only	
gue a filing t		<u> </u>		
return	See City, town or post office, state and ZIP code. For a foreign address, see instructions			
Che	ck type of return to be filed (File a separate application to: each return)  Form 990  Form 990-EZ  Form 990-T (sec 401(a) o: 408(a) trust)  Form 990 BL  Form 990-PF  Form 990 T (trust other than above)  Form 4720	==	orm 5227 Form 8870 orm 6069	
STO	PI Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	isty file	ed Form 8868	
	SCIARABBA WALKER & CO. LLP			
• Th	ne books are in the care of > 200 EAST BUFFALO ST ITHACA, NY 14850	)		
T:	elephone No ► 607-272-5550 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 the	us is fo	the whole group, check this	
box	If it is for part of the group, check this box. If it is for part of the group, check this box. If it is for part of the group, check this box.	memb	ers the extension is for	
4	request an additional 3-month extension of time until NOVEMBER 15, 2010			
5	For calendar year 2009, or other tax year beginning, and ending,			
6	If this tax year is for less than 12 months, check reason Initial return Final return		Change in accounting period	
7	State in detail why you need the extension			
	AN ADDITIONAL EXTENSION IS NEEDED TO COMPLETE A CORREC	T A	ND ACCURATE	
	RETURN.	<del></del>		
8a	If this application is for Form 990-BL 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions	8a	\$	
ь	If this application is for Form 990-PF 990 T, 4720, or 6069, enter any refundable credits and estimated			

Signature and Verification
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief,

CPA, Accountant

8b

8c

N/A

tax payments made. Include any prior year overpayment allowed as a credit and any amount paid

Balance Due. Subtract line 8b from line 8a Include your payment with this form or, if required, deposit with FTD coupon or if required by using EFTPS (Electronic Federal Tax Payment System). See instructions

Signature >

previously with Form 8868

it is true correct and complete, and that I am authorized to prepare this form.