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Form **990** 

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

DLN: 93493057000430

**2018** 

Open to Public Inspection

A F	or th	he 2019	alendar year, or tax year beginning 05-01-2018 ,	and ending 04-30	-2019			
<b>B</b> Che	ck ıf	applicable	C Name of organization APACHE SOFTWARE FOUNDATION			D Employer i	dentıfı	ication number
		s change	AFACILE SOFTWARE FOUNDATION			47-082537	6	
		hange	Doing business as					
		eturn um/terminate						
		ed return	Number and street (or P O box if mail is not delivered to stre	et address) Room/suite	<del></del>	E Telephone n	umber	
		tion pendin	401 EDGEWATER PLACE NO 600			(410) 420-	0140	
			City or town, state or province, country, and ZIP or foreign po	ostal code		, ,		
			WAKEFIELD, MA 01880			<b>G</b> Gross receip	ts \$ 2,	583,535
			F Name and address of principal officer		H(a) Is this	a group returi		
			SAM RUBY			dinates?	1 101	□ <sub>Yes</sub> ☑ <sub>No</sub>
			401 EDGEWATER PLACE NO 600 WAKEFIELD, MA 01880		H(b) Are al	l subordinates		
	x-exe	empt status	<u> </u>		includ	ed?		☐ Yes ☐No
			✓ 501(c)(3)	a)(1) or $\  \  \  \  \  \  \  \  \  \  \  \  \ $		," attach a list		
J W	ebsi	ite:► W	VW APACHE ORG		n(c) Group	exemption nu	mber	•
					<b>L</b> Year of forma	tion 1999 M	State	of legal domicile DE
<b>K</b> For	n of o	organizatioi	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	'	L real of formia	1999	Jiale (	on legal doffliche DE
D	art I	Sun	mary					
			scribe the organization's mission or most significant activ	/ities				
a.	-		DE OPEN SOURCE SOFTWARE TO THE PUBLIC, AT NO C		RGANIZATIO	N SPONSORS		
ညို								
Governance								
ē.	١,	Chack ti	is box $\blacktriangleright \Box$ if the organization discontinued its operatio	ne or disposed of me	ro than 25%	of its not asso	to	
ဒ္			of voting members of the governing body (Part VI, line 1			or its fiet asse	] 3	10
	4		of independent voting members of the governing body (	•			4	10
Se S	5		mber of individuals employed in calendar year 2018 (Par	, ,		_	5	4
Activities &	6		mber of volunteers (estimate if necessary)	·		•	6	7,000
<b>g</b> ct	1		related business revenue from Part VIII, column (C), line			•	7a	7,000
•	1						7a 7b	0
	B	ivet unit	lated business taxable income from Form 990-T, line 34			· V	<b>/</b> b	
	١.				Pri	or Year		Current Year
3	8		tions and grants (Part VIII, line 1h)			2,640,369	-	2,284,957
Ravenua	9	_	service revenue (Part VIII, line 2g)			33,100	-	274,666
Š.	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)			7,941	-	17,902
	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	i 11e)		16,648		6,010
	12	Total re	renue—add lines 8 through 11 (must equal Part VIII, colu	mn (A), line 12)		2,698,058		2,583,535
	13	Grants a	nd sımılar amounts paıd (Part IX, column (A), lines 1–3 )			0		0
	14	Benefits	paid to or for members (Part IX, column (A), line 4) .			0		0
88	15	Salaries	other compensation, employee benefits (Part IX, column	n (A), lines 5–10)		735,527		614,864
penses	16	a Professi	onal fundraising fees (Part IX, column (A), line 11e) .			0		0
e d	Ь	Total fund	raising expenses (Part IX, column (D), line 25) ▶130,742					
ā	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e) .	<del></del>		516,774		1,132,136
	18	Total ex	penses Add lines 13–17 (must equal Part IX, column (A)	, line 25)		1,252,301		1,747,000
	I		less expenses Subtract line 18 from line 12			1,445,757		836,535
× 0					Beginning	of Current Year	_	End of Year
Net Assets or Fund Balances					L Î			
sse 3 ada	20	Total as	sets (Part X, line 16)			3,000,250		3,836,685
Σ̈́́	21	Total lia	oilities (Part X, line 26)			500		400
žĪ	22	Net asse	ts or fund balances Subtract line 21 from line 20			2,999,750		3,836,285
Pa	rt II	Siar	ature Block					
Unde	r per	nalties of	perjury, I declare that I have examined this return, include					
		e and beli ledge	ef, it is true, correct, and complete Declaration of prepar	rer (other than office	r) is based o	n all informatio	n of v	hich preparer has
ally K	HOW							
		****	*		202	0-02-26		
Sign	I	Signa	ture of officer		Date	2		
Here		MYRL	KRANTZ TREASURER					
			or print name and title					
		<del>- 1'</del>	Print/Type preparer's name Preparer's signature	Da		PTIN		<del></del>
Paid	t			202		ck ∐ ıf P01! ∙employed	561688	•
Pre		er [	Firm's name AAFCPAS INC	•		n's EIN ▶ 04-257	1780	
Use		ا برام	Firm's address • FO WASHINGTON CTREET		D'	/500\ 255	0100	
	<b>J</b>	,	Firm's address ▶ 50 WASHINGTON STREET		Pho	ne no (508) 366	- <del>9</del> 100	
			WESTBOROUGH, MA 01581					
May	ha II	RS discus	this return with the preparer shown above? (see instruc	tions)			✓ Y	'es 🗌 No

Form 990 (2018)

Page 2

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
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 Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔁	10		No
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 as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(II)^2$ If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No

Pai	Checklist of Required Schedules (continued)					
			Yes	No		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No		
24a	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					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II	26		No		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No		
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No		
29						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		No		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No		
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b				
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes			
Pa	statements Regarding Other IRS Filings and Tax Compliance			_		
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>	Yes	No		
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   5			5		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0					
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
-	(gambling) winnings to prize winners?	1c	Yes			

24	Tax Statements, filed for the calendar year ending with or within the year covered by this return					
L		2b	Yes			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		162			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No		
Ь	If "Yes," enter the name of the foreign country  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?	5a		No		
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?					
		5с				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No		
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No		
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g				
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds.	7h				
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10						
	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders					
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )					
	,					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a				
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
c	c Enter the amount of reserves on hand					
	4a Did the organization receive any payments for indoor tanning services during the tax year?					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No		
16	16		No			

Form 990 (2018) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI . Section 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 10 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 in Schedule O Enter the number of voting members included in line 1a, above, who are independent 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 No Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Yes of officers, directors or trustees, or key employees to a management company or other person? . 4 Nο Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 5 Did the organization become aware during the year of a significant diversion of the organization's assets? .. Nο 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Nο Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Yes 8b Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a No b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a No **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . 12a Nο b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c 13 Nο 14 Did the organization have a written document retention and destruction policy? . 14 Nο 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? a The organization's CEO, Executive Director, or top management official . . . . . . . 15a No 15b Nο 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 arrangement with a 16a No b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt 16b

## Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 ►VIRTUAL INC ATTN THOMAS PAPPAS 401 EDGEWATER PLACE ST 600 WAKEFIELD, MA 01880 (781) 876-8914

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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

- 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 instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (B) (F) (C) Position (do not check more Name and Title Reportable Reportable Estimated Average hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the (W- 2/1099-(W- 2/1099organization and for related Officer Former employ individual organizations Institutional MISC) MISC) related below dotted organizations 1591 employee Ē line) t compensated ee ₫ trustee Trustee 4 00 (1) CRAIG L RUSSELL SECRETARY 4 00 (2) SHANE CURCURU 0 Χ VICE CHAIRMAN 4 00 (3) JOAN TOUZET 0 DIRECTOR 4 00 (4) ROMAN SHAPOSHNIK DIRECTOR Х n 4 00 (5) MYRLE KRANTZ Χ 0 ASSISTANT TREASURER 4 00 (6) JIM JAGIELSKI DIRECTOR 4 00 (7) DANIEL RUGGERI DIRECTOR 4 00 (8) RICH BOWEN Х 0 0 0 DIRECTOR 4 00 (9) PHIL STEITZ Х Х 0 CHAIRMAN 4 00 (10) ULRICH STARK Χ 0 TREASURER

<b>(A)</b> Name and Title		(B) Average hours per week (list any hours	Average hours per than one box, unless person week (list any hours for related any hours described in the formula is both an officer and a any hours director/trustee)  Average hours compensation compensation from the organization organization (Marchael and August 1999 MIC) 2/1009 MIC)							(E) Reportable compensation from related organizations (1	C) compensa W- from th c) organization		ated of other sation the
		organizations below dotted line)	Individual trustee or director	In stitutional Trustee	Officer	key employee	Highest compensated employee	Former	5,2333 11366,	) 2/1099-MISC)		relat organiza	ed
											$\perp$		
											$\perp$		
											+		
											+		
											+		
											+		
											+		
											$\top$		
	Sub-Total			•			<b>P</b>				Ï		
	Fotal (add lines 1b and 1c)	•		<u> </u>	•		•		0		0		С
2	Total number of individuals (included of reportable compensation from t			se list	ed al	bove	e) who	rec	eived more than \$1	00,000			
												Yes	No
3	Did the organization list any <b>form</b> line 1a? <i>If "Yes," complete Schedu</i>					-	oyee,		- '	employee on	3		No
4	For any individual listed on line 1a organization and related organizat individual	ions greater than s								n the	4		No
5	Did any person listed on line 1a re services rendered to the organizat										5		No
S	ection B. Independent Contra	actors											NO
1	Complete this table for your five h										npen	sation	
	· · · · · · · · · · · · · · · · · · ·	(A) ne and business addre		,						(B) ription of services		(C Comper	
NEW	THINKING COMMUNICATIONS GMBH									ATION SERVICES		•	282,625
BERL	NHAUSER ALLEE 6/7 IN												
GM HALC	WORLDWIDE								PUBLICITY A	AND MARKETING			200,149
	WASHINGTON STREET ESLEY, MA 02482												
	JAL INC								ASSOCIATIO	ON MANAGEMENT			142,178
WAK	EDGEWATER PLACE 600 EFIELD, MA 01880								TUED 4 050				
UNIT MELE	DEGREES 6601 7 RIVERSIDE QUAY SOUTHB OURNE								INFRA SERV	ICES			117,044
VANO DYSS	EL GRUNO, EEDE VEG 233A 3TV 2870 EGARD								INFRA SERV	TICES			116,748
	Total number of Independent contrac		not lim	nited	to the	ose	listed	abov	ve) who received m	ore than \$100,00	)0 of		
	compensation from the organization	▶ 5										Form <b>99</b>	<b>0</b> (2018)

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

Form 990 (2018) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) (C) Unrelated (D) Related or Revenue exempt business excluded from function revenue tax under sections 512 - 514 1a Federated campaigns . . **1**a Other Similar Amounts Contributions, Gifts, Grants **b** Membership dues . **1**b  $\boldsymbol{c}\,$  Fundraising events . . 1c d Related organizations e Government grants (contributions) 1e **f** All other contributions, gifts, grants, and similar amounts not included above 2,284,957 g Noncash contributions included ın lınes 1a - 1f \$ \_ h Total. Add lines 1a-1f . . . . . . . 2.284.957 Business Code Program Service Revenue 257,466 257,466 2a CONFERENCE REVENUE 17,200 17,200 **b** MENTOR STIPENDS 900099 f All other program service revenue 274,666 **9 Total.** Add lines 2a-2f . . . . 3 Investment income (including dividends, interest, and other 17,902 17,902 sımılar amounts) . . . . . 4 Income from investment of tax-exempt bond proceeds **5** Royalties . . . . . . . . . (ı) Real (II) Personal 6a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) . . . (ı) Securities (II) Other 7a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses C Gain or (loss) d Net gain or (loss) . . . . • 8a Gross income from fundraising events (not including \$ Other Revenue contributions reported on line 1c) See Part IV, line 18 . . . . **b** Less direct expenses . . .  $\boldsymbol{c}$  Net income or (loss) from fundraising events . . 9a Gross income from gaming activities See Part IV, line 19 . . .  $\boldsymbol{b}$  Less direct expenses . . . c Net income or (loss) from gaming activities . **10a**Gross sales of inventory, less returns and allowances . **b** Less cost of goods sold . . c Net income or (loss) from sales of inventory . Business Code Miscellaneous Revenue 900099 11aOTHER REVENUE 6.010 6.010

d All other revenue .

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			g	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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	614,864	553,378	61,486	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	Management	177,338	9,034	45,001	123,303
t	Legal				
c	: Accounting	4,835		4,835	
c	<b>i</b> Lobbyıng				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	JOther (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	292,452	269,182	23,270	
13	Office expenses	5,578		5,578	
14	Information technology	57,968	52,171	5,797	
15	Royalties				
16	Occupancy				
17	Travel	29,509	26,558	2,951	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	540,878	488,296	52,582	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a MISCELLANEOUS EXPENSE	23,578	4,178	11,961	7,439
	b				
	c				
	d				
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,747,000	1,402,797	213,461	130,742
	Check here T if following SOP 98-2 (ASC 958-720)				

Part X	Balance	Sheet

		Check if Schedule O contains a response or not	e to ar	y line in this Part IX			🗆
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			2,012,095	1	2,736,120
	2	Savings and temporary cash investments .		[	965,655	2	1,078,065
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali	ated en	nployees Complete		5	
S		section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 itions d (see in	c(c)(3)(B), and of section 501(c)(9) structions) Complete		6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use				8	
~	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	132,826			
	ь	Less accumulated depreciation	<b>10</b> b	132,826	0	<b>10</b> c	0
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	e 11     .			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			22,500	15	22,500
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	3,000,250	16	3,836,685
	17	Accounts payable and accrued expenses		· ·	500	17	400
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete F				21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee	officei	rs, directors, trustees,			
<u> </u>		persons Complete Part II of Schedule L	-,			22	
Ë	23	Secured mortgages and notes payable to unrela	ited thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated		· —		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24	ayables	· —		25	
	26	Complete Part X of Schedule D <b>Total liabilities.</b> Add lines 17 through 25			500	26	400
	26				300	26	400
nces	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33			2,106,868	27	2,442,403
Net Assets or Fund Balances	27	Unrestricted net assets		<u> </u>	·	27	·
	28	Temporarily restricted net assets	•		892,882	28	1,393,882
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117	-	- · · · · · · · · · · · · · · · · · · ·			
	30	check here ► □ and complete lines 30 th Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or ed	uıpme	nt fund		31	
	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
	33	Total net assets or fund balances			2,999,750	33	3,836,285
~	34	Total liabilities and net assets/fund balances .		[	3,000,250	34	3,836,685

Form 990 (2018)

Page **12** 

PartXI Reconcilliation 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)		2,583,535
2 Total expenses (must equal Part IX, column (A), line 25)		1,747,000
3 Revenue less expenses Subtract line 2 from line 1		836,535
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		2,999,750
5 Net unrealized gains (losses) on investments		
6 Donated services and use of facilities		
7 Investment expenses		
8 Prior period adjustments		
9 Other changes in net assets or fund balances (explain in Schedule O) 9		
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10		3,836,285
Part 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 🔲 Accrual 🛗 Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	ž
If 'Ves,' 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>b</b> Were the organization's financial statements audited by an independent accountant?	2b	No
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both		
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
<b>c</b> 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	_
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	0	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
<b>b</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	36	
		Form <b>990</b> (2018

# **Additional Data**

Software ID:

Software Version:

**EIN:** 47-0825376

Name: APACHE SOFTWARE FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:
INFRASTRUCTURE SERVICES IN RESPONSE TO THE ACTIVITIES AND PROJECTS OF THE FOUNDATION, NAMELY HOSTING SOURCE CODE, DOWNLOADS, E-MAIL LISTS, BUG TRACKING SYSTEMS, COLLABORATED SOFTWARE AND RELATED ACTIVITIES

Form 990, Part III, Line 4b:
PUBLIC RELATIONS SUPPORTING AND PROVIDING VISIBILITY FOR THE PROJECTS SPONSORED BY THE FOUNDATION

Form 990, Part III, Line 4c:
EVENTS INCLUDED CONFERENCES AS WELL AS A NUMBER OF ROAD SHOWS ALL OF WHICH BUILD COMMUNITY AND COLLABORATION FOR THE FOUNDATION AND ITS
MANY PROJECTS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

# **SCHEDULE A**

(Form 990 or 990EZ)

# **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.

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

OMB No 1545-0047

DLN: 93493057000430

Open to Public

Department of the Treasury Inspection Name of the organization Employer identification number APACHE SOFTWARE FOUNDATION 47-0825376 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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 5 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). 7 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 ) 8 A community trust described in section 170(b)(1)(A)(vi) (Complete Part II ) 9 An agricultural research organization described in 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 university 10 An organization that normally receives (1) more than 331/3% 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 331/3% 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 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 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. 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. d 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 f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of (iv) Is the organization listed (v) Amount of (vi) Amount of organization organization in your governing document? monetary support other support (see (described on lines (see instructions) instructions) 1- 10 above (see instructions)) Yes No

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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.)

S	Section A. Public Support							
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e)	2018	(f) Total
_	(or fiscal year beginning in) ▶	(4) 2011	(5) 2015	(0) 2010	(4) 2017	(0)		(1) 1000
1	Gifts, grants, contributions, and membership fees received (Do not							
	include any "unusual grant ")							
2	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
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)							
6	<b>Public support.</b> Subtract line 5 from line 4							
_	Section B. Total Support		ı		1			
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(0)	2018	(f)Total
	(or fiscal year beginning in) ▶	(a)2014	(0)2013	(6)2010	(u)2017	(e)	2016	(I) Total
7								
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and							
9	income from similar sources Net income from unrelated business							
9	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 )							
11	<b>Total support.</b> Add lines 7 through							
12	10 Gross receipts from related activities, e	to (see instruction	ons)			12		
	First five years. If the Form 990 is for			المائية المائية المائية المائية			(5)(3) 575	
13		_		•	•			•
_	check this box and stop here						P L	
	section C. Computation of Public		_					
	Public support percentage for 2018 (lin			column (f))		14	<u> </u>	
15	Public support percentage for 2017 Sch	iedule A, Part II,	line 14			15		
16a	33 1/3% support test—2018. If the	organization did i	not check the box	on line 13, and lin	ie 14 is 33 1/3% or	more, c	heck this:	
	and stop here. The organization qualif	ies as a publicly s	supported organiza	ation				▶ □
b	<b>33</b> 1/3 <b>% support test—2017.</b> If the	e organization did	l not check a box c	n line 13 or 16a, a	and line 15 is 33 1/	3% or n	nore, chec	ck this
	box and <b>stop here.</b> The organization	qualifies as a put	olicly supported or	ganization				ightharpoons
<b>17</b> a	10%-facts-and-circumstances test	<b>-2018.</b> If the or	ganızatıon dıd not	check a box on lin	ne 13, 16a, or 16b,	and line	<u> 14</u>	
	ıs 10% or more, and ıf the organızatıor							
	in Part VI how the organization meets t	the "facts-and-cir	cumstances" test	The organization	qualifies as a public	ly supp	orted	
	organization							▶ □
Ь	10%-facts-and-circumstances test						nd line	
	15 is 10% or more, and if the organiza							
	Explain in Part VI how the organization	n meets the "fact	s-and-circumstanc	es" test. The orga	nization qualifies a	s a publ	icly	—
	supported organization							▶ □
18	Private foundation. If the organization	n did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see		
	instructions							ightharpoons

# 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.)

Se	ection A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 20	18	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,184,567	1,009,716	982,348	2,640,369	2,	334,957	8,151,957
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the				33,100		274,666	307,766
3	organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	1,184,567	1,009,716	982,348	2,673,469	2,	609,623	8,459,723
7a	Amounts included on lines 1, 2, and	400,000	400,000	127,200	1,592,882		250,000	2,770,082
b	3 received from disqualified persons 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							0
	13 for the year							
8	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c from line 6)	400,000	400,000	127,200	1,592,882		250,000	2,770,082 5,689,641
Se	ection B. Total Support						I	
	Calendar year							
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 20	018	(f) Total
9		1,184,567	1,009,716	982,348	2,673,469	2,	609,623	8,459,723
L0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	271	1,086	6,209	7,941		17,902	33,409
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С		271	1,086	6,209	7,941		17,902	33,409
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12					16,648		6,010	22,658
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	1,184,838	1,010,802	988,557	2,698,058	•	633,535	8,515,790
14	First five years. If the Form 990 is for check this box and stop here			ırd, fourth, or fifti	n tax year as a se	ction 501(	c)(3) org	anızatıon, ▶ □
S	ection C. Computation of Public							
15	Public support percentage for 2018 (li	. , , ,		column (f))		15		66 810 %
16	Public support percentage from 2017	Schedule A, Part II	II, line 15			16		55 050 %
Se	ection D. Computation of Invest	ment Income	Percentage					
17	Investment income percentage for 20			ine 13, column (f	))	17		0 390 %
18	Investment income percentage from 2	2017 Schedule A,	Part III, line 17			18		0 220 %
	331/3% support tests—2018. If the			on line 14. and lin	e 15 is more than		and line	
	more than 33 1/3%, check this box and 33 1/3% support tests—2017. If the	stop here. The or	rganızatıon qualıfı	es as a publicly su	pported organizat	ion		▶ ☑
20	not more than 33 1/3%, check this bo	<del>-</del>	_	•	-			▶□
20	Private foundation. If the organizati	on did not check a	box on line 14, 1	9a, or 19b, check	this box and see	instruction	ıs	ightharpoons

# Part IV Supporting Organizations

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

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 <b>Part VI</b> when and how the organization made the	3a		
	determination	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or	4b		
c	supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support	40		
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , 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	_		
L	amendment to the organizing document)  Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		
U	organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"			
	complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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 <b>Part VI</b> .			
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting	9a		
	organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in 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 <b>Part VI</b> .	9c		
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)? If "Yes," answer line 10b below			
		10a		
Ь	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)	10h		

P	art IV Supporting Organizations (continued)				
			Yes	No	
11	. Has the organization accepted a gift or contribution from any of the following persons?				
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?				
		11a			
Ė	A family member of a person described in (a) above?	11b			
_		<b>11</b> c			
	Section B. Type I Supporting Organizations				
			Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Par 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	t			
		1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2			
- 5	Section C. Type II Supporting Organizations				
			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees o	f			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1			
	Section D. All Type III Supporting Organizations		Yes	No	
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?					
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?					
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)				
		2			
3	By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard				
_	Castian F. Tima III Frantianally Internated Comparing Operations				
1	Section E. Type III Functionally-Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions)			
-	a  The organization satisfied the Activities Test Complete line 2 below	tions			
	b The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below				
	The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (see	e ınstru	ctions)		
2	Activities Test Answer (a) and (b) below.		Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a			
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the				
	organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement				
2		2b			
3	Parent of Supported Organizations Answer (a) and (b) below.				
	<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</li> </ul>	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			

# 

1 Net short-term capital gain			(optional)
	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	e		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	2		
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)	9		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	(A) Prior Year	ır Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% of line 3 (for greater amount, see instructions)	4		
S Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	9		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
<ul> <li>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</li> </ul>	9		

Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (continue	ed)
Section D - Distributions			Current Year
Amounts paid to supported organizations to accomplish	exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	l organizations, in	
3 Administrative expenses paid to accomplish exempt pur	rposes of supported organizat	ions	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	ed)		
6 Other distributions (describe in Part VI) See instruction	•		
7 Total annual distributions. Add lines 1 through 6	7113		
B Distributions to attentive supported organizations to wheeleasls in Part VI) See instructions	nich the organization is respon	sive (provide	
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
·		(ii)	(iii)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
<b>b</b> From 2014			
c From 2015			
<b>d</b> From 2016			
e From 2017			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
<ul> <li>Carryover from 2013 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014			
<b>b</b> Excess from 2015			
c Excess from 2016			
d Excess from 2017.			
<b>e</b> Excess from 2018			

# **Additional Data**

Software ID:

Software Version:

**EIN:** 47-0825376

Name: APACHE SOFTWARE FOUNDATION

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions) Schedule A (Form 990 or 990-EZ) 2018 Part VI

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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 the latest information.

DLN: 93493057000430 OMB No 1545-0047

Name of the organization **Employer identification number** APACHE SOFTWARE FOUNDATION 47-0825376 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 1 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? ☐ Yes ☐ No 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? ☐ Yes ☐ No 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 (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) c 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic 2d d structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, 5 and enforcement of the conservation easements it holds? ☐ No ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 • Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(1)8 and section 170(h)(4)(B)(II)? ☐ Yes □ No 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 describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), 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) 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 the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 ▶ \$

Assets included in Form 990, Part X

▶ \$

Par	t III	Organizations Maintaining Col	lections of Art,	Histor	ical Tre	asures,	or Othe	Similar As:	sets (	'continued)
3			n, and other records	s, check	any of th	ne followir	ng that are	a significant us	se of it	s collection
а		Public exhibition		d	П	oan or ex	change pro	grams		
b		Scholarly research		е		Other				
С		Preservation for future generations								
4			llections and explair	how th	ey furthe	r the orga	anızatıon's	exempt purpos	e in	
5	Dur asse	ring the year, did the organization solicit o ets to be sold to raise funds rather than to	r receive donations be maintained as p	of art, h part of t	nistorical he organi	treasures ization's c	or other si	mılar	□ Y <sub>6</sub>	es 🗆 No
Pa	rt IV	Complete if the organization answ		orm 990	), Part I	V, line 9,	, or report	ed an amour	nt on	Form 990, Part
1a		he organization an agent, trustee, custodi	an or other interme	diary fo	r contribu	itions or c	ther assets	not		es 🗆 No
b	If "\	Yes," explain the arrangement in Part XIII	and complete the f	ollowing	j table			An	nount	
c	Beg	inning balance					1c			
d	Add	litions during the year					1d			
е	Dist	ributions during the year					1e			
f	End	ing balance					1f			
2a	Dıd	the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow o	or custodia	al account l	ability?	☐ Yo	es 🗌 No
b	If "۱	Yes," explain the arrangement in Part XIII	Check here if the	explanat	tion has b	een provi	ıded ın Part	XIII		
Pa	irt V	Endowment Funds. Complete if		answe	red "Yes	s" on For	m 990, Pa			
_	_		(a)Current year	(b)	Prior year	(c)Tw	o years back	(d)Three year	's back	(e)Four years back
	_	- ,				_				
						_				
		<del></del>								
		•				_				
	and p	programs								
		·								
g		,								
2		· · · · · · · · · · · · · · · · · · ·	ent year end balanc	e (line 1	.g, colum	n (a)) hel	d as			
а		·								
b										
c										
٦-		•								
3a		·	ssion of the organiza	ation tha	it are nei	a ana aan	ninisterea r	or the		Yes No
	(i)	unrelated organizations							3	a(i)
									3	a(ii)
									L	3b
4	terns (check all that apply)    Dublic exhibition   Dublic exhibi									
Pa	Using the organization's acquisition, accession, and other records, check any of the following that are a sign ficant use of its collection items (check at that apply)    Description   Description									
	Desc	Using the organization's equisition, accession, and other records, check any of the following that are a significant use of its collection times (check at that apply)    Public exhibition								
<b>1</b> a	Land									
b	Buildi	ings								
d	Equip	oment			132	,826		132,826		0
e	Other	r								
Tota	al. Add	d lines 1a through 1e (Column (d) must e	gual Form 990. Pari	X. colu	mn (B). I	ine 10(c)	)	<b>&gt;</b>		٥

(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests 3)Other	· ·	
A)		
3)		
<u> </u>		
D)		
E)		
F)		
G)		
н)		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12 )  art VIII Investments—Program Related.	<b>•</b>	
Complete if the organization answered 'Yes' on Fo  (a) Description of investment	rm 990, Part IV, line 1	.1c. See Form 990, Part X, line 13.  (c) Method of valuation
	(B) Book value	Cost or end-of-year market value
1)		
2)		
3)		
4)		
5)		
6)		
7)		
7) (8)		
8)	<b>b</b>	
8)  9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX  Other Assets. Complete if the organization answered "	Yes' on Form 990, Part IV	
9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13 )	Yes' on Form 990, Part IV	/, line 11d See Form 990, Part X, line 15 (b) Book valu
8)  9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX  Other Assets. Complete if the organization answered (a) Description	Yes' on Form 990, Part IV	
9)  otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  1)	Yes' on Form 990, Part IV	
9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)	Yes' on Form 990, Part IV	
9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  1)	Yes' on Form 990, Part IV	
9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)	Yes' on Form 990, Part IV	
9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)	Yes' on Form 990, Part IV	
9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)  6)	Yes' on Form 990, Part IV	
9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)  6)  7)	Yes' on Form 990, Part IV	
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)  6)  7)  8)	Yes' on Form 990, Part IV	(b) Book valu
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  (a) Description  (b) Must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization and answered (b) Inc. (Column (b) must equal Form 990, Part X, col (B) line 15 )		(b) Book valu
Part X Other Liabilities. Complete if the organization an See Form 990, Part X, col (B) line 13 )  Part X Other Assets. Complete if the organization answered (a) Description (a) Description (a) Description (a) Description (b) Description (b) Description (c) Description (a) Description (b) Description (c) Description (c) Description (d) Description	swered 'Yes' on Form '	(b) Book valu
9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization an See Form 990, Part X, line 25.  (a) Description of liability		(b) Book valu
9)  otal. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)  6)  7)  8)  9)  fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization an See Form 990, Part X, line 25.  (a) Description of liability	swered 'Yes' on Form '	(b) Book valu
9)  otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization an See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes	swered 'Yes' on Form '	(b) Book valu
9)  otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)  60  7)  8)  9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization an See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes	swered 'Yes' on Form '	(b) Book valu
9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  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 an See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes	swered 'Yes' on Form '	(b) Book valu
9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization an See Form 990, Part X, line 25.  1. (a) Description of liability  1) Federal income taxes	swered 'Yes' on Form '	(b) Book valu
9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization an See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes	swered 'Yes' on Form '	(b) Book valu
Part IX Other Assets. Complete if the organization answered (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 13 )  (c) Description  (d) Description  (e) Description  (f) Description  (g) Description of liability  (g)	swered 'Yes' on Form '	(b) Book valu
7 Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 13 )  1) (a) Description (b) Description (c) Description (	swered 'Yes' on Form '	(b) Book valu
Part IX Other Assets. Complete if the organization answered (a) Description  (a) Description  (b) Must equal Form 990, Part X, col (B) line 13 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) Form See Form 990, Part X, line 25 (Column (b) Form 990, Part X, li	swered 'Yes' on Form '	(b) Book valu

9	244344 Reconciliation of Revenue ner Audited Financial Statements With Revenue ner Return	ith Revenue per Return	
	Complet	e 12a.	
-	Total revenue, gains, and other support per audited financial statements		
7	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
ø	Net unrealized gains (losses) on investments		
Р	Donated services and use of facilities		
o	Recoveries of prior year grants		
P	Other (Describe in Part XIII ) 2d		
a	Add lines 2a through 2d		
m	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
6	Investment expenses not included on Form 990, Part VIII, line 7b .   4a		
Р	Other (Describe in Part XIII )		
ပ	Add lines <b>4a</b> and <b>4b</b>		
Ŋ	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Par	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Vith Expenses per Retu e 12a.	'n.
-	Total expenses and losses per audited financial statements		
7	Amounts included on line 1 but not on Form 990, Part IX, line 25		
Ø	Donated services and use of facilities		
Р	Prior year adjustments		
o	Other losses		
Ъ	Other (Describe in Part XIII )		
a	Add lines 2a through 2d		
m	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Р	Other (Describe in Part XIII )		
v	Add lines <b>4a</b> and <b>4b</b>		
Ŋ	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )	5	
Par	Part XIII Supplemental Information		
		1	

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Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued) Return Reference

Explanation

Schedule D (Form 990) 2018

Page 5

efi	efile GRAPHIC print - I	DO NOT P	- DO NOT PROCESS A	As Filed Data -		DLN:	DLN: 93493057000430
SCI (Fo	SCHEDULE F (Form 990)	State	ment of A	Activities (	Statement of Activities Outside the United States	ted States	OMB No 1545-0047
) -		► Comple	ete if the organiz	tation answered "\ PAttach t	<ul> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.</li> <li>Attach to Form 990.</li> </ul>	ine 14b, 15, or 16.	2018
Depar	Department of the Treasur Internal Revenue Service	•	Go to www.irs.g	10v/Form990 for 11	■ Go to www.irs.gov/Form990 for Instructions and the latest information.	nformation.	Open to Public Inspection
Nam	Name of the organization					Employer iden	Employer identification number
Y Y		NO.				47-0825376	
Ą	Part I General Info	<b>nformation on A</b> Part IV, line 14b.	on Activities 14b.	Outside the L	Inited States. Comple	General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.	nswered "Yes" to
-	For grantmakers.	oes the or	ganızatıon maır	ntain records to	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and	of its grants and	
	other assistance, the grantees' elig to award the grants or assistance?	grantees' e or assistand	eligibility for the	e grants or assis	the grantees' eligibility for the grants or assistance, and the selection criteria used ts or assistance?	criteria used	
7	For grantmakers. Doutside the United St	. Describe in I	Part V the orga	ınızatıon's proce	dures for monitoring the	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance onitside the United States.	]
m	Activites per Region (	The following	g Part I, line 3 t.	able can be duplic	Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)	needed )	
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region).	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	See Add'l Data						
3a	3a Sub-total		0	2			233,792
Р	b Total from continuation sheets to Part I	sheets to					0
٥	c Totals (add lines 3a an	and 3b)	0	) 2			233,792

Schedule F (Form 990) 2018

Page 2

Schedule F (Form 990) 2018

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

(i) Method of valuation (book, FMV, appraisal, other)				
(h) Description of non-cash assistance				
(g) Amount of non-cash assistance			cognized as tax-	
(f) Manner of cash disbursement			2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(e) Amount of cash grant			zed as charities by th tion 501(c)(3) equiv	-
(d) Purpose of grant			Enter total number of recipient organizations listed above that are recognized as charities by the foreign coui exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	-
(c) Region			rganizations listed at the grantee or couns	nizations or entities
(b) IRS code section and EIN (if applicable)			ir of recipient o S, or for which	er of other orga
1 (a) Name of organization			2 Enter total numbe exempt by the IR	3 Enter total number of other organizations or entities.

Schedule F (Form 990) 2018

Page 3

Schedule F (Form 990) 2018

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

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)									
(g) Description of non-cash assistance									
(f) Amount of non-cash assistance									
(e) Manner of cash disbursement									
(d) Amount of cash grant									
(c) Number of recipients									
(b) Region									
(a) Type of grant or assistance									

# Schedule F (Form 990) 2018 Part IV Foreign Forms

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\	∏ Yes	\	\\ \\ \extrm{Ges}	Yes	☐ Yes
<ol> <li>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)</li> </ol>	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)	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)	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)	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)	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)

Schedule F (Form 990) 2018

Page 5

**Supplemental Information**Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Explanation					
ReturnReference					

Schedule F (Form 990) 2018

# **Additional Data**

Software ID:

Software Version:

**EIN:** 47-0825376

Name: APACHE SOFTWARE FOUNDATION

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	offices in the employees or in region (by type) (i.e., region region region)  region recipients located in the recipients located in the region)  region region (by Activities conducted (e) If activity listed in (d) (f) Total expenditures for region is a program service, for region services, grants to recipients located in the region)	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	Ħ	PROGRAM SERVICE EXPENSES	INFRA SERVICES	116,748
EAST ASIA AND THE PACIFIC	0	Т	PROGRAM SERVICE EXPENSES	INFRA SERVICES	117,044

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			OMB No 1545-0047
SCHEDULE O	Supplementa	Supplemental Information to Form 990 or 990-EZ	
(Form 990 or 990-	Complete to prov	Complete to provide information for responses to specific questions on	wo suo
EZ)	Form 990 or	Form 990 or 990-EZ or to provide any additional information.	
		▶ Attach to Form 990 or 990-EZ.	Open to Public
Department of the Treasury	▼ Go to W	► Go to www.irs.gov/Form990 for the latest information.	
Namel Setherorganization			Employer identification number
APACHE SOFTWARE FOUNDATION	ION		
			47-0825376

Information
plemental
O, Sup
0 Schedule
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Reference FORM 990, PART VI, SECTION A, LINE 3	Explanation APACHE HAS CONTRACTED WITH VIRTUAL, INC TO MAINTAIN THEIR FINANCIAL RECORDS AND HANDLE OTHER FINANCIAL MATTERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE APACHE SOFTWARE FOUNDATION IS A MEMBER-BASED ORGANIZATION AS DESCRIBED IN ITS BYLAWS MEMBERSHIP IS BASED ON A NOMINATION AND VOTING PROCESS BY WHICH CANDIDATES ARE NOMINATED BY EXISTING MEMBERS AND ARE ADMITTED OR REJECTED AS MEMBERS BASED ON A MAJORITY VOTE OF THE EXISTING MEMBERS OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS IS THE GOVERNING BODY OF THE APACHE SOFTWARE FOUNDATION AS PER THE Y BYLAWS, THE BOARD OF DIRECTORS IS A GROUP OF 9 PEOPLE THAT ARE ELECTED ANNUALLY BY THE A PACHE SOFTWARE FOUNDATION

990 Schedule O, Supplemental Information

Reference FORM 990, PART VI, SECTION E	Reference     Explanation       FORM 990, PART VI, SECTION B, LINE 11B     THE TREASURER REVIEWS THE 990 ON BEHALF OF THE BOARD AND THE MEMBERSHIP SECTION B, LINE 11B	
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE, SP ECIFICALLY, HTTPS //WWW APACHE ORG/FOUNDATION/GOVERNANCE/