WEGNER CPAS, LLP 419 N LEE ST ALEXANDRIA, VA 22314-2301

APACHE SOFTWARE FOUNDATION 1000 N WEST STREET, NO. 1200 WILMINGTON, DE 19801

In all Introduction and I will

#### \*\* PUBLIC DISCLOSURE COPY \*\*

(Rev. January 2020) 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 Open to Public

Inspection

A F	or the	2019 calendar year, or tax year beginning MAY 1, 2019 and ending	APR 30, 2020	•		
<b>B</b> 0	heck if pplicable:	C Name of organization	D Employer identific	cation number		
а						
X	Address change	APACHE SOFTWARE FOUNDATION				
	Name change	Doing business as	47-08253	76		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/suit	e <b>E</b> Telephone numbe	r		
	Final return/	1000 N WEST STREET 1200	(410) 42	0-0140		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,261,955.		
	Amende return		H(a) Is this a group re	eturn		
	Applica- tion	F Name and address of principal officer: HIKHE KKANIZ		? Yes X No		
	pending	SAME AS C ABOVE	H(b) Are all subordinates in			
II	ax-exer	npt status: $X = 501(c)(3)$ $= 501(c)($ ) $= (insert no.)$ $= 4947(a)(1) \text{ or } = 52$	<b>-</b>	list. (see instructions)		
		WWW.APACHE.ORG	H(c) Group exemptio			
KF	orm of o	rganization: X Corporation Trust Association Other ► L Yea		1 State of legal domicile: DE		
		Summary		·		
_	<b>1</b> B	riefly describe the organization's mission or most significant activities: PROVIDE S	OFTWARE FOR	THE PUBLIC		
& Governance	(	SOOD. WE DO THIS BY PROVIDING SERVICES AND SU	PPORT FOR MA	NY		
rna	2 0	heck this box  if the organization discontinued its operations or disposed of mo	re than 25% of its net as	ssets.		
ove		lumber of voting members of the governing body (Part VI, line 1a)		9		
Ğ		lumber of independent voting members of the governing body (Part VI, line 1b)		9		
		otal number of individuals employed in calendar year 2019 (Part V, line 2a)		0		
ij		otal number of volunteers (estimate if necessary)		6000		
Activities		otal unrelated business revenue from Part VIII, column (C), line 12		0.		
⋖		let unrelated business taxable income from Form 990-T, line 39		0.		
•			Prior Year	Current Year		
	<b>8</b> C	ontributions and grants (Part VIII, line 1h)	2,284,957.	2,048,910.		
ğ		rogram service revenue (Part VIII, line 2g)	274,666.	192,191.		
Revenue		ovestment income (Part VIII, column (A), lines 3, 4, and 7d)	17,902.	20,854.		
ď		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,010.	0.		
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,583,535.	2,261,955.		
		irants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	50,362.		
		enefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
ý		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	614,864.	661,334.		
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
<u>pe</u>		otal fundraising expenses (Part IX, column (D), line 25) 183,321.				
ũ		other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,132,136.	1,799,343.		
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,747,000.	2,511,039.		
		evenue less expenses. Subtract line 18 from line 12	836,535.	-249,084.		
or			Beginning of Current Year	End of Year		
ets	<b>20</b> T	otal assets (Part X, line 16)	3,836,685.	3,586,169.		
Ass		otal liabilities (Part X, line 26)	400.	0.		
Net Assets or Fund Balances		et assets or fund balances. Subtract line 21 from line 20	3,836,285.	3,586,169.		
		Signature Block				
Und	er penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of m	y knowledge and belief, it is		
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prepar	er has any knowledge.			
Sigi	ո	Signature of officer	Date			
Her	e	MYRLE KRANTZ, TREASURER				
		Type or print name and title				
	I	Print/Type preparer's name Preparer's signature	Date Check	PTIN		
Paid	ı [G	ELENN MILLER, CPA	2/22/2021 if self-employe			
Prep		Firm's name WEGNER CPAS, LLP	Firm's EIN ▶	39-0974031		
Use	Only [	Firm's address 419 N LEE ST				
_		ALEXANDRIA, VA 22314-2301	Phone no. 70	3-519-0990		
May	the IRS	S discuss this return with the preparer shown above? (see instructions)		X Yes No		

Pa	rt III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:  THE MISSION OF THE APACHE SOFTWARE FOUNDATION (ASF) IS TO PROVI	'IDE
	SOFTWARE FOR THE PUBLIC GOOD. WE DO THIS BY PROVIDING SERVICES	AND
	SUPPORT FOR MANY LIKE-MINDED SOFTWARE PROJECT COMMUNITIES CONS	SISTING
	OF INDIVIDUALS WHO CHOOSE TO PARTICIPATE IN ASF ACTIVITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 234, 164 • including grants of \$0 • (Revenue \$)	0.
	INFRASTRUCTURE SERVICES IN RESPONSE TO THE ACTIVITIES AND PRO	
	THE FOUNDATION, NAMELY HOSTING SOURCE CODE, DOWNLOADS, E-MAIL	
	BIG TRACKING SYSTEMS, COLLABORATED SOFTWARE AND RELATED ACTIVI	TIES.
	¬	
	¬	
	(Code: ) (Expenses \$ 708,925 • including grants of \$ 50,362 • ) (Revenue \$	192,191.)
4b	(Code: ) (Expenses \$ 708,925. including grants of \$ 50,362. ) (Revenue \$ EVENTS INCLUDED CONFERENCES, AS WELL AS A NUMBER OF ROAD SHOWS	
	WHICH BUILD COMMUNITY AND COLLABORATION FOR THE FOUNDATION AND	•
	PROJECTS.	/ IIS MANI
	I ROUTE ID.	
4c	(Code:) (Expenses \$	0.)
		ROJECTS
	SPONSORED BY THE FOUNDATION.	
	¬	
	Other and a service of (Department of Other that Other	
4d	Other program services (Describe on Schedule O.)	
<u> </u>	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 2, 260, 944.	)
<u>4e</u>	Total program service expenses ► 2,260,944.	Form <b>990</b> (2019)

## Form 990 (2019) APACHE SOFTWARE FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	•		
	Schedule D, Part III	8		Х
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X 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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	77	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
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	140		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<sub>~</sub>
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		Х
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del>                                     </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
		_		

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Form 990 (2019) APACHE SOFTWARE FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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		
	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	05-		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		- 22
Ь	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			
		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			Х
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
<u></u>	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	_ 30		1
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	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).	_		v				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50						
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		Х				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa						
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	- OD						
a	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		Х				
b	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		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
g	<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8						
	sponsoring organization have excess business holdings at any time during the year?							
9								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a							
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders 11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand	4.6		v				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X				
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		Х				
	excess parachute payment(s) during the year?	15						
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
10	If "Yes," complete Form 4720, Schedule O.	10						
	ii 100, complete i dilli 4120, concoule o.	Eorm	990	(2010				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process 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			
	taxable entity during the year?	16a		X
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 status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d fina	ncial	
	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			
	IGNITE SPOT OUTSOURCED ACCOUNTING - 855-694-4648			
	1188 W SPORTSPLEX DR #203, KAYSVILLE, UT 84037			

932006 01-20-20

Form **990** (2019)

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

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

#### 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A)	(B)	r any related organization compensat						(D)	(E)	(F)
Name and title	Average	Pos		Position neck more than one			Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		icer and a director/f			or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	or di	99			sated		organization	(W-2/1099-MISC)	from the
	organizations	rustee	l trust		e e	Highest compensated employee		(W-2/1099-MISC)		organization and related
	below	dual tr	tional		nploy	st cor	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highe:	Former			5.ga <u>=</u> a5
(1) ROY FIELDING	10.00	Ι-	_		_					
CHAIRMAN		Х		Х				0.	0.	0.
(2) BERTRAND DELACRETAZ	10.00									
DIRECTOR		Х						0.	0.	0.
(3) NICLAS HEDHMAN	10.00									
DIRECTOR		Х						0.	0.	0.
(4) JUSTIN MCLEAN	10.00									
DIRECTOR		Х						0.	0.	0.
(5) SAM RUBY	10.00									
DIRECTOR		Х						0.	0.	0.
(6) CRAIG RUSSELL	10.00									
DIRECTOR		Х						0.	0.	0.
(7) PATRICIA SHANAHAN	10.00									
DIRECTOR		Х						0.	0.	0.
(8) SANDER STRIKER	10.00									
DIRECTOR		Х						0.	0.	0.
(9) SHANE CURCURU	10.00									
DIRECTOR		Х						0.	0.	0.
(10) MYRLE KRANTZ	10.00									
TREASURER				Х				0.	0.	0.
(11) DAVID NALLEY	10.00									
PRESIDENT				Х				0.	0.	0.
(12) RUTH SUEHLE	10.00							_	_	_
EXECUTIVE VICE PRESIDENT				Х				0.	0.	0.
		]								
		1								
		<u> </u>								
		1								
		<u> </u>			<u> </u>	<u> </u>				
		1								

Form **990** (2019)

Par	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A)	(B)	(B) (C)						(D)	(E)			(F)		
	Name and title	Average	(do	not o	Pos	ition	than	one	Reportable Reportable				Estimated		
		hours per	box	, unle	ess pe	erson	is bot	h an	compensation compensation			an	nount	of	
		week		officer and a directo			or/trus	itee)	from	from related		othe			
		(list any	ector						the	organization			pensa		
		hours for related	or di	8			ated		organization	(W-2/1099-MI	SC)		om th		
		organizations	ustee	trust		92	bens		(W-2/1099-MISC)			•	anizat		
		below	ual tr	ional		ploye	t con	١.					d relat anizati		
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme				orga	0113		
		,	느	=	0	3	工画	Œ							
					<u> </u>										
	Subtotal							▶	0.		0.			0.	
	Total from continuation sheets to Part VI								0.		0.			0.	
	Total (add lines 1b and 1c)								0.		0.			0.	
2	Total number of individuals (including but n								received more than \$100	0.000 of reportab	le				
_	compensation from the organization	or minious to th	.000		<b>.</b>		o,			,,000 01 10001140				0	
	omponeation from the organization												Yes	No	
3	Did the organization list any <b>former</b> officer,	director, trust	ee. I	kev (	emp	love	e. o	r hic	ghest compensated emi	olovee on	Γ				
_	line 1a? If "Yes," complete Schedule J for s			•		•		•		•		3		Х	
4	For any individual listed on line 1a, is the su														
	and related organizations greater than \$150	-		-					•	ino organization		4		Х	
5	Did any person listed on line 1a receive or a									idual for services		·			
Ū	rendered to the organization? If "Yes," com	•				•			tod organization or mark		I	5		Х	
Sec	tion B. Independent Contractors	,													
1	Complete this table for your five highest co	mpensated ind	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of con	npensa	ation 1	from		
	the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	rithii	n the organization's tax	year.					
	(A)								(B)			(0			
	Name and business								Description of s	ervices	C	ompe	nsatio	n	
	RTUAL, INC., 401 EDGEWA	ATER PLA	ACI	Ξ,	# (	60	0,		ASSOCIATION						
	KEFIELD, MA 01880								MANAGEMENT			87	0,1	88.	
FLZ	FLAMINGO LAS VEGAS														

3555 S LAS VEGAS BLVD, LAS VEGAS, NV 89109 APACHECON CONFERENCE 454,293. HALO WORLDWIDE PUBLICITY AND 600A WASHINGTON STREET, WELLESLEY, MA 02482MARKETING 212,800. DANIEL GRUNO VANGEDE VEG 233A 3T.V, DYSSEGARD, DENMARK INFRA SERVICES 124,332. GAVIN MCDONALD, UNIT 6601, 7 RIVERSIDE QUAY, SOUTHBANK, MELBOURNE, AUSTRALIA INFRA SERVICES 123,135. Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form **990** (2019)

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lir	ne in this Part VIII			
			······································	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
(0 (0)							360110113 3 12 - 3 14
풀뜀		Federated campaigns1a					
<u> </u>	b	Membership dues 1b					
Am.	С	Fundraising events1c					
를 들	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e					
is	f	All other contributions, gifts, grants, and					
돌림		similar amounts not included above 1f 2 ,	048,910.				
흔		Noncash contributions included in lines 1a-1f	<u> </u>				
징필		Total. Add lines 1a-1f		2,048,910.			
<del></del>		Total: Add lines 12 11	Business Code				
	•	CONFERENCE REVENUE	900099	177,291.	177,291.		
ايق	2 a		900099	14,900.	14,900.		
le G	b	MENTOR STIPENDS	900099	14,900.	14,900.		
n S	С						
e a	d						
Program Service Revenue	е						
ھ	f	All other program service revenue					
	g	Total. Add lines 2a-2f		192,191.			
	3	Investment income (including dividends, intere					
		other similar amounts)		20,854.			20,854.
	4	Income from investment of tax-exempt bond pi		-			-
	5	Royalties					
	•	(i) Real	(ii) Personal				
	6 0		(.,,				
		Gross rents 6a Ch					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
Revenue		and sales expenses <b>7b</b>					
Ver	С	Gain or (loss) 7c					
&	d	Net gain or (loss)					
ther		Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	h	Less: direct expenses 8b					
		Not income or (loca) from frontraining avanta					
		Gross income from gaming activities. See	<b>&gt;</b>				
	Эа						
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	<b></b>				
-	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory	<b>)</b>				
S			Business Code				
ng e	11 a	<b>†</b>					
ane	b						
Miscellaneous Revenue	c						
<u>is</u>		All other revenue					
≥		Total. Add lines 11a-11d	<b>&gt;</b>				
	12	Total revenue. See instructions		2,261,955.	192,191.	0.	20,854.

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#### 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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	10 050	10 050		
	individuals. See Part IV, line 22	19,059.	19,059.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	21 202	21 202		
	individuals. See Part IV, lines 15 and 16	31,303.	31,303.		
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)	661,334.	640 107		12 227
7	Other salaries and wages	001,334.	648,107.		13,227
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 (nonemployees):	208,554.	105,354.	40,200.	63,000
	Management	55.	103,334.	55.	03,000
b	Legal	2,309.		2,309.	
	Accounting	2,309.		2,309.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	370,344.	276,846.	10,451.	83 047
40	The state of the s	298,440.	292,471.	10,431.	83,047 5,969
12 13	Advertising and promotion	11,443.	272, 471.	11,443.	3,303
13 14	Office expenses	138,739.	135,964.	11,113.	2,775
15	Information technology	130,733.	133,301.		2,775
16	Royalties				
17	Occupancy	84,562.	83,438.		1,124
18	Payments of travel or entertainment expenses	01/3021	0371301		
10					
10	for any federal, state, or local public officials Conferences, conventions, and meetings	683,181.	668,402.	600.	14,179
19 20		333,131.	333,102.		
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
23	Insurance	1,716.		1,716.	
23 24	Other expenses. Itemize expenses not covered	= , . = 3 •		= 7 . 2 0 0	
<b>∠</b> ¬†	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	anisang not into 2 to expenses on contour of				
b					
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,511,039.	2,260,944.	66,774.	183,321
26	Joint costs. Complete this line only if the organization	, , , , , , , , , , , , , , , , , , , ,	, -,-	,	- , <u>-</u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet						
		Check if Schedule O contains a response or	note to	any line in t	his Part X			
						<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				2,736,120.	1	2,841,678.
	2	Savings and temporary cash investments				1,078,065.	2	719,591.
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net					4	
	5	Loans and other receivables from any curren						
		trustee, key employee, creator or founder, su						
		controlled entity or family member of any of t			5			
	6	Loans and other receivables from other disqu	defined					
ţ		under section 4958(f)(1)), and persons descri	ibed in	section 495	8(c)(3)(B)		6	
	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
⋖	9	Prepaid expenses and deferred charges					9	
	10a	Land, buildings, and equipment: cost or other	er					
		basis. Complete Part VI of Schedule D	10	)a	0.			
	b	Less: accumulated depreciation	10	)b	0.	0.	10c	0.
	11	Investments - publicly traded securities			11			
	12	Investments - other securities. See Part IV, lir		12				
	13	Investments - program-related. See Part IV, li		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11				22,500.	15	24,900.
	16	Total assets. Add lines 1 through 15 (must e				3,836,685.	16	3,586,169
	17	Accounts payable and accrued expenses $\dots$				400.	17	0.
	18	Grants payable		18				
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Comple					21	
ies	22	Loans and other payables to any current or f						
Liabilities		trustee, key employee, creator or founder, su						
-ja		controlled entity or family member of any of t					22	
_	23	Secured mortgages and notes payable to un			_		23	
	24	Unsecured notes and loans payable to unrela					24	
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on li						
		of Schedule D				400.	25	0.
	26	Total liabilities. Add lines 17 through 25				400.	26	0.
es		Organizations that follow FASB ASC 958, o	cneck	nere 🟲 🝱	<u> </u>			
Š	07	and complete lines 27, 28, 32, and 33.				3,313,628.	07	3 053 190
3ala	27	Net assets without donor restrictions				522,657.	27 28	3,053,190. 532,979.
β	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC				322,037•	20	332,313
Ξ		and complete lines 29 through 33.	C 950,	check here				
ō	20		ndo.				20	
ets	29	Capital stock or trust principal, or current fun Paid-in or capital surplus, or land, building, or					29 30	
Ass	30						31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			_	3,836,285.	32	3,586,169.
Z	32	Total liabilities and not assets/fund balances				3,836,685.	33	3,586,169.
	33	Total liabilities and net assets/fund balances				3,030,003.	_ აა	5,300,103

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)		2,26					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,51					
3	Revenue less expenses. Subtract line 2 from line 1	3	-24 3,83					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8	_	1,0				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	3,58	6,1	69.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		. 3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b					
			Form	990	(2019)			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

				E FOUNDATION					7-0825376
Pa	rt I	Reason for Public	Charity Status (	All organizations must co	mplete th	is part.) S	ee instruction	S.	
The	organ	ization is not a private found							
1		A church, convention of ch							
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	1 990 or 9	90-EZ).)			
3		A hospital or a cooperative					ii).		
4		A medical research organiz						)(iii). Enter	the hospital's name,
		city, and state:	•						
5		An organization operated for	or the benefit of a co	ollege or university owned	d or opera	ted by a q	overnmental ı	ınit descrik	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)	,	•	, 0			
6		A federal, state, or local go		mental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma						he general	public described in
		section 170(b)(1)(A)(vi). (C			<b>J</b>			<b>g</b>	
8		A community trust describe		(1)(A)(vi). (Complete Part	: 11.)				
9		An agricultural research org				ed in coniu	ınction with a	land-grant	college
		or university or a non-land-g	-			-		_	-
		university:					,,		,
10	X	An organization that norma	ally receives: (1) more	e than 33 1/3% of its sun	port from	contributi	ons members	ship fees a	and gross receipts from
		activities related to its exen							
		income and unrelated busin	-						-
		See section 509(a)(2). (Con		(1000 ocotion on reax) in	om buome	ooco aoqe	and by the of	garnzation	and danced, 1070.
11		An organization organized	. ,	sively to test for public sa	fety See:	section 50	09(a)(4).		
12	同	An organization organized	•	•	•			arry out the	e purposes of one or
		more publicly supported or	<u>=</u>	•	•			-	
		lines 12a through 12d that							SHOOK THO DOX III
а		Type I. A supporting orga				-		-	, aivina
_		the supported organization	•	•		-			
		organization. You must o				oo ao			
b		Type II. A supporting org	-		tion with it	ts support	ed organizatio	on(s), by ha	avina
_		control or management of	•				-	•	-
		organization(s). You mus						.9	
С		☐ Type III functionally inte	-		in connec	tion with.	and functiona	Ilv integrate	ed with.
		its supported organizatio						,	
d		Type III non-functionally		•				rted organi	ization(s)
-		that is not functionally int						-	* *
		requirement (see instruct	-		•		•		
е		Check this box if the orga						II. Type III	
_		functionally integrated, or					, , , , , , , , , , , , , , , , , ,	, . ,	
f	Ente	er the number of supported of		,					
		vide the following information	•						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
				above (see instructions)					
-									
			1				1		

Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						_
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	Ü		, ,	,	( /( /	
<u> </u>	organization, check this box and stop ction C. Computation of Publ	here	roontogo				<u></u> ▶∟_
	<u> </u>			. (5)		11	
	Public support percentage for 2019 (I					14	%
	Public support percentage from 2018					15	
16a	33 1/3% support test - 2019. If the contract to the contract test - 2019 is the contract test - 2019.						
I-	stop here. The organization qualifies						
D	33 1/3% support test - 2018. If the condition have						ITIIS DOX
17~	and <b>stop here.</b> The organization qual						or more
ı/a	'a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances"			=	· · · · · · · · · · · · · · · · · · ·	-	
h	10% -facts-and-circumstances tes						
D		_					
	more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization		-	-			
	ato roundations in the organization	dia not oncon a	SON OF HITC TO, TO	za, 100, 17a, 01 17			0 or 990-EZ) 2019
					2011		

#### 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	ction A. Public Support	ciow, picase comp	noto i ait iii)				
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	` ,	. ,	, ,	` ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1009716.	982,348.	2640369.	2334957.	2048910.	9016300.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			33,100.	274,666.	192,191.	499,957.
3	Gross receipts from activities that			7 - 7 - 7 - 7			
J	are not an unrelated trade or bus- iness 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	1009716.	982,348.	2673469.	2609623.	2241101.	9516257.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	400,000.	127,200.	1592882.	250,000.	494,222.	2864304.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b	400,000.	127,200.	1592882.	250,000.	494,222.	2864304.
	Public support. (Subtract line 7c from line 6.)				,	·	6651953.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6	1009716.	(b) 2016 982,348.	2673469.	2609623.	2241101.	9516257.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,086.	6,209.	7,941.	17,902.	20,854.	53,992.
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	1,086.	6,209.	7,941.	17,902.	20,854.	53,992.
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1,000.	0,203.	7,541.	17,902.	20,034.	33,332.
12	Other income. Do not include gain or loss from the sale of capital			16,648.	6,010.		22,658.
13	assets (Explain in Part VI.)	1010802.	988,557.	2698058.	2633535.	2261955.	9592907.
	First five years. If the Form 990 is for						
	check this box and <b>stop here</b>	ine organization s					<b>▶</b> □
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	69.34 %
	Public support percentage from 2018					16	66.81 %
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	.56 %
18	Investment income percentage from 2	<b>2018</b> Schedule A, I	Part III, line 17			18	.39 %
19a	9a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the	=	-	•	•		mand ► X
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organizatio						

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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 Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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2		
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3b		
3c		
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10a		
10b		

Has the organization accepted a gift or contribution from any of the following persons?	Par	TIV   Supporting Organizations <sub>(continued)</sub>			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)  11a  1 b. A smith member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.  11b  2 c. A 38% controlled withy of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.  1 Did the directors, frustees, or membership of one or more supported organizations have the power to regulatly appoint or elect at least a majority of the organizations directors or intustees at all times during the tax year? If "Ye" alone the Info. "Yes Info." (A)" describe he year If I how the organization and more than one supported organization, describe bow the powers to appoint and/or ember directors or intustees at all times during the tax year.  2 Did the organization operated for the benefit of any supported organization other than the supported organization, describe how the powers to appoint and/or ember directors or trustees are allocated among the supported organization operated, supervised, or controlled the supporting organization other than the supported organization operated, supervised, or controlled the supporting organization other than the supported organization operated in the supported organization? If "Ne," esplain in Part VI how providing such benefit cared out the unposes of the supported organization? If "Ne," esplain in Part VI how providing such benefit cared out the unposes of the supported organization? If "Ne," esplain in Part VI how control or management of the supporting Organizations  2 bestion C. Type III Supporting Organizations  3 bestion C. Type III Supporting Organization was vested in the same persons that controlled or managed the supported organization is a view. (I) a copy of the form 990 that was most recently filed as of the date of notification, and (II) copies of the organization provide to each of its supported organizations by explain in Part VI how the organization maintained a close and continuous working relationship w		·		Yes	No
below, the governing body of a supported organization?  A Assifty controlled entity of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above?!! "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  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 organizations directors or trustees at all times during the tax year? !! "No," describe in Part VI how the supported organizations directors or trustees at all times during the tax year? !! "No," describe in Part VI how the supported organizations of a subcontent or expected organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization organization of the fast year.  2 Did the organization personal properties of the supported organization of the fast year.  1 Were a majority of the organization is directors or trustees of each of the organizations as supported organization of the supported programization of the supported organization	11	Has the organization accepted a gift or contribution from any of the following persons?			
b. A family member of a person described in (s) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the directors, trustaes, 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 "It's," describe in Part VI how the supported organization, describe how the powers to appoint and/or entering effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or entering effectively operated, supervised, or controlled the organization and what conditions or restrictions, if any, applied to such powers during the tax year.  1 Did the organization operated for the benefit of any supported organization? If "tes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "tes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "tes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "tes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "No," describe in Part VI how control or trustees of each of the organization's supported organizations or trustees of each of the organization was vested in the same persons that controlled or managed the supported organization and provided provided and provided provided provided and provided provided and provided provided and provided provided and	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
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income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).  a The organization is the parent of each of its supported line 2 below.  b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  2 Activities Test. Answer (a) and (b) below.  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 Part VI identify those supported organization and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  b Did the activities constituted substantially all of its activities.  b Did the organization's position that its supported organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's novlvement.  3 Parent of Supported Organizations. Answer (a) and (b) below.  a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
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Section E. Type III Functionally Integrated Supporting Organizations  1		income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  Activities Test. Answer (a) and (b) below.  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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) below.  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.  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3		
a	Sect	tion E. Type III Functionally Integrated Supporting Organizations			
b	1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	ons).		
The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  Activities Test. Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) below.  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.  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а	The organization satisfied the Activities Test. Complete line 2 below.			
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Parent of Supported Organizations. Answer (a) and (b) below.  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.  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			2b		
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? <i>Provide details in Part VI</i> .  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		-			
trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI. b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3a		
			3b		

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	ıg Orgai	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	ganization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2019

Pai	TV   Type III Non-Functionally Integrated 509	v(a)(3) Supporting Org	anizaτions <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which to	he organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1_	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u>i</u> _	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
	Evenes from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Dat IV Section A lines 1 2 3h 26 4h 46 5a 6 0 9h 0c 11a 11h and 11c Part IV Section B lines 1 and 2 Part IV Section C
	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.)
	(See instructions.)
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Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

OMB No. 1545-0047

Name of the organization

Employer identification number

APACHE SOFTWARE FOUNDATION

47-0825376

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
0					
, ,	ation is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	ization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or many one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509 any one cont	ization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under $(a)(1)$ and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from tributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; 90-EZ, line 1. Complete Parts I and II.				
year, total co	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ontributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the f cruelty to children or animals. Complete Parts I, II, and III.				
year, contribi is checked, e purpose. Dor	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., n't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively aritable, etc., contributions totaling \$5,000 or more during the year \(\bigsim \) \(\bigsim \)				
but it <b>must</b> answer "N	tion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), lo" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

923451 11-06-19

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

#### APACHE SOFTWARE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 11,980.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 24,956.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and Zir + +	\$ 146,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 24,990.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

#### APACHE SOFTWARE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$12,600.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$125,000 <b>.</b>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

#### APACHE SOFTWARE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 18,021.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ <u>125,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$ <u>12,000.</u>	Person X Payroll

#### APACHE SOFTWARE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 244,222.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$12,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 49,990.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$86,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ 25,000.	Person X Payroll

#### APACHE SOFTWARE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 18,001.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ 6,500.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ 7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$ <u>17,550.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$ 12,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$6,000.	Person X Payroll

#### APACHE SOFTWARE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 26,983.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$ 6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$9,500.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

#### APACHE SOFTWARE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$6,831.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$6,120.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$ <u>152,500.</u>	Person X Payroll

#### APACHE SOFTWARE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$125,000 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$	Person X Payroll

#### APACHE SOFTWARE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### APACHE SOFTWARE FOUNDATION

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

Employer identification number

Name of organization

PACHE	SOFTWARE FOUNDATION			47-0825376
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line enticharitable, etc., contributions of \$1,000 or	try For organizations	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held
	Transferee's name, address, a	(e) Transfer of gift		nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held
	Transferee's name, address, a	(e) Transfer of gift		nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held
_	Transferee's name, address, a	(e) Transfer of gift		nsferor to transferee
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held
_		(e) Transfer of gift		

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

APACHE SOFTWARE FOUNDATION

Employer identification number 47-0825376

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts Complete if the
ı a			3 Of Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
	T		(b) I unus and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
D-			
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>	-	
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	<b>▶</b> \$	-	-
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	· · · · ·	
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		J , [::-:::-
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
	Assets included in Form 990, Part X		

932051 10-02-19

Schedule D (Form 990) 2019

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Pai	t III Organizations Maintaining Co	ollections of A	rt, His	torical Tı	reasures,	or Othe	er Simila	ar Asse	<b>ts</b> (continu	ıed)
3	Using the organization's acquisition, accession	n, and other record	ls, checl	k any of the	following that	at make s	significant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	change progr	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll	lections and explain	n how th	ney further t	the organizat	ion's exe	mpt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	asures, or oth	ner simila	r assets			
	to be sold to raise funds rather than to be main	ntained as part of t	he orga	nization's c	ollection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arrang								line 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for	contributio	ns or other a	ssets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar									
		•	· ·						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on For								Yes	□ No
	If "Yes," explain the arrangement in Part XIII. C						•			
Pai					_					
		(a) Current year		rior year	(c) Two year			ears hack	(e) Four y	ears hack
12	Beginning of year balance	(a) carrerit year	(2)	nor your	(6) 1110 year	aro buon	(4) 111100 )	ouro buon	(C) roury	ouro buon
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships								<del>                                     </del>	
е	Other expenditures for facilities									
_	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (	a)) held as:					
	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment   %	)								
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.								
3a	Are there endowment funds not in the possess	sion of the organiza	ation tha	at are held a	and administe	ered for t	he organiz	zation	_	
	by:								Y	res No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	red on S	Schedule R?	?				. 3b	
_4	Describe in Part XIII the intended uses of the o	organization's endo	wment	funds.						
Pai	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990	), Part I\	/, line 11a. \$	See Form 99	0, Part X,	, line 10.			
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investn	nent)	basis	(other)	de	preciation			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	Add lines 12 through 10 (Column (d) must ea		V colur	nn (D) lino	100)	1				0

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" o	n Form 990. Part IV. line	a 11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			-
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" o	n Form 000 Port IV line	a 11d Cas Form 000 Dort V line 15	
	escription	e 11d. See Form 990, Part X, line 13.	(b) Book value
(1)			(a) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	•	
Part X Other Liabilities.	,	,	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	i.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
. ,			
(7) (8) (9)			

Schedule D (Form 990) 2019

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Par	t XI Reconciliation of Revenue per Audited Financ	ial Statements With Revenue	e per Return	<b>).</b>
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statem	nents	1	2,261,955.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>		3	2,261,955.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: $ \\$			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I			2,261,955.
Pai	t XII Reconciliation of Expenses per Audited Finan	-	es per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, F			
1	Total expenses and losses per audited financial statements		1	2,511,039.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>		3	2,511,039.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
u				
	Other (Describe in Part XIII.)			•
b c	Add lines 4a and 4b	4b		0.
b c 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part</i>	4b		
b c 5 <b>Par</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1 a and 4; Part IV, lines 1b and 2b; Pa	5	2,511,039.
b c 5 <b>Par</b> Provi	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Par</i> <b>† XIII</b> Supplemental Information.	1 a and 4; Part IV, lines 1b and 2b; Pa	5	2,511,039
b c 5 <b>Par</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1 a and 4; Part IV, lines 1b and 2b; Pa	5	2,511,039
b c 5 <b>Par</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1 a and 4; Part IV, lines 1b and 2b; Pa	5	2,511,039
b c 5 <b>Par</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1 a and 4; Part IV, lines 1b and 2b; Pa	5	2,511,039
b c 5 <b>Par</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1 a and 4; Part IV, lines 1b and 2b; Pa	5	2,511,039
b c 5 <b>Par</b> Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1 a and 4; Part IV, lines 1b and 2b; Pa	5	2,511,039

Schedule D (Form 990) 2019

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

#### **Statement of Activities Outside the United States**

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

➤ Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

Employer identification number

APACHE SOFTWARE	FOUNDAT	ION			47-082537	6
			tside the United States. Compl	ete if the organ		
Form 990, Part IV						
			ds to substantiate the amount of its gr			🗀
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance? 🔼	Yes  No
2 For grantmakers. Desc	rihe in Part V the	organization's	procedures for monitoring the use of it	s grants and of	ther assistance out	side the
United States.	mbo mir are v ene	o organization o	procedures for mornioning the dec crit	o granto ana o	arior accionarios can	3140 1110
3 Activities per Region. (T	he following Parl	I, line 3 table c	an be duplicated if additional space is			
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		vity listed in (d)	(f) Total expenditures
	offices in the region	agents, and independent	(by type) (such as, fundraising, program services, investments, grants to		gram service, specific type	for and
	in the region	contractors	recipients located in the region)		(s) in the region	investments in the region
		in the region				and region
EUROPE (INCLUDING				INFRASTRUCT	URE SERVICES	
ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	& CONFERENC	E EXPENSES	621,820.
EAST ASIA AND THE				TNFRASTRUCT	URE SERVICES	
PACIFIC	0	1	PROGRAM SERVICES	& CONFERENC		135,422.
						,
NORTH AMERICA	0	1	PROGRAM SERVICES	INFRASTRUCT	URE SERVICES	22,913.
3 a Subtotal	0	3				780,155.
<b>b</b> Total from continuation		0				0
sheets to Part I c Totals (add lines 3a		J				0.
and 3b)	0	3				780,155.

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

Schedule F (Form 990) 2019

APACHE SOFTWARE FOUNDATION

Schedule F (Form 990) 2019 APACHE SOFTWARE FOUNDATION 47-0825376

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

(i) Method of valuation (book, FMV, appraisal, other)					Cohodulo E (Exem DDD) 2010
(h) Description of noncash assistance					- Porto
(g) Amount of noncash assistance					xempt
(f) Manner of cash disbursement					recognized as tax-e
(e) Amount of cash grant					foreign country, er
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  Enter total number of other organizations or entities
(c) Region					is listed above that are rasel has provided a sector rentities
(b) IRS code section and EIN (if applicable)					recipient organizatior the grantee or cour other organizations or
1 (a) Name of organization					<ul> <li>2 Enter total number of recipient organizations listed s</li> <li>by the IRS, or for which the grantee or counsel has</li> <li>3 Enter total number of other organizations or entities</li> </ul>

Page 3

APACHE SOFTWARE FOUNDATION Schedule F (Form 990) 2019

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

Part III can be duplicated if additional space is needed.

	<b> </b>					16
(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2019
(g) Description of noncash assistance						Sched
(f) Amount of noncash assistance	.0					
(e) Manner of cash disbursement	31,303.WIRE TRANSFER					
(d) Amount of cash grant	31,303.					
(c) Number of recipients	19					
(b) Region	EUROPE (INCLUDING ICELAND & GREENLAND)					
(a) Type of grant or assistance	TRAVEL ASSISTANCE TO ATTEND APACHECON EUROPE AND FOSDEM 2020					

Page 4

## Schedule F (Form 990) 2019 Part IV Foreign Forms

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

Schedule F (Form 990) 2019

# Schedule F (Form 990) 2019 Page 5 Part V | 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. PART I, LINE 2: INDIVIDUALS WHO RECEIVE GRANT FUNDING TO ATTEND CONFERENCES OUTSIDE OF THE UNITED STATES COMPLETE A QUESTIONNAIRE THAT THE BOARD USES TO DETERMINE ELIGIBILITY AND MERIT. FROM THERE, GRANTEES ARE APPROVED AND PROVIDED GRANT FUNDS TO ATTEND SPECIFIC CONFERENCES. MONITORING IS CONDUCTED BY ASF VERIFYING THEY ATTENDED THE SPECIFIC CONFERENCE.

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

Marrie of the organization APACHE SOFTWARE		FOUNDATION					Employer identification number $47-0825376$
Part I General Information on Grants and Assistance	ind Assistance						
1 Does the organization maintain records to substantiate the amount criteria used to award the grants or assistance?	to substantiate the stance?		or assistance, the	grantees' eligibilit	y for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X Yes No
2 Describe in Part IV the organization's procedures for monitoring the	ocedures for moni	toring the use of grant	use of grant funds in the United States.	d States.			
	Domestic Organi	zations and Domesti	c Governments. C	complete if the orga	anization answered "Y	'es" on Form 990, Par	: IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	be duplicated if addit	ional space is nee	ded.			
1 (a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ind government or	ganizations listed in th	le line 1 table				
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					<b>A</b>
.HA For Paperwork Reduction Act Notice, see the Instructions for	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2019

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47-0825376

Schedule I (Form 990) (2019) APACHE SOFTWARE FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TRAVEL ASSISTANCE TO ATTEND APACHECON	14	19,059.	0.0		
Part IV   Supplemental Information. Provide the information required in		e 2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information	dditional information.	
PART I, LINE 2:					
INDIVIDUALS WHO RECEIVE GRANT FUNDING	TO	ATTEND CONF	CONFERENCES IN	THE UNITED	
STATES COMPLETE A QUESTIONNAIRE TH	тнат тне вс	BOARD USES	TO DETERMINE	NE	
ELIGIBILITY AND MERIT. FROM THERE,	I, GRANTEES	ARE	APPROVED AND 1	PROVIDED	
GRANT FUNDS TO ATTEND SPECIFIC CON	CONFERENCES.	. MONITORING	IS	CONDUCTED BY ASF	
VERIFYING THEY ATTENDED THE SPECIFIC	IC CONFERENCE.	RENCE.			

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

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

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

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

APACHE SOFTWARE FOUNDATION

Employer identification number 47-0825376

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LIKE-MINDED SOFTWARE PROJECT COMMUNITIES CONSISTING OF INDIVIDUALS WHO

CHOOSE TO PARTICIPATE IN ASF ACTIVITIES.

FORM 990, PART VI, SECTION A, LINE 3:

THE FOUNDATION HIRED A COMPANY, VIRTUAL, INC., TO OVERSEE THE FINANCE,

ACCOUNTING, AND FUNDRAISING FUNCTIONS OF THE ORGANIZATION. IN ADDITION TO

THE PREVIOUSLY MENTIONED SERVICES OUTSOURCED TO VIRTUAL, INC., THE

FOUNDATION ALSO LEASES EMPLOYEE VIRTUAL, INC., WITH VIRTUAL, INC. BEING

RESPONSIBLE FOR ALL TAX FILINGS WITH THE IRS FOR THESE EMPLOYEES. THE

TOTAL COMPENSATION PAID TO THESE EMPLOYEES IS INCLUDED WITH OTHER SALARIES

AND WAGES ON THE STATEMENT OF FUNCTIONAL EXPENSES. TOTAL FEES PAID TO

VIRTUAL, INC. TOTALS \$870,188, COMPRISED OF THE FOLLOWING:

ACCOUNTING, HR, FUNDRAISING AND EVENT SERVICES: \$158,504

COMMISSIONS FOR ACNA 2019 SPONSORSHIPS: \$47,850

PODCAST WORK: \$2,000

DC ROAD SHOW ASSISTANCE: \$500

EMPLOYEE LEASING SERVICES: \$661,334

FORM 990, PART VI, SECTION A, LINE 6:

THE ASF 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.

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization  APACHE SOFTWARE FOUNDATION	Employer identification number 47-0825376
FORM 990, PART VI, SECTION A, LINE 7A:	
THE BOARD OF DIRECTORS IS THE GOVERNING BODY OF THE ASF A	S PER THE BYLAWS,
THE BOARD IS A GROUP OF 9 PEOPLE THAT ARE ELECTED ANNUALL	Y BY THE ASF.
,	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE TREASURER REVIEWS THE 990 ON BEHALF OF THE BOARD AND	THE MEMBERSHIP.
FORM 990, PART VI, SECTION B, LINE 12C:	
ASF ANNUALLY REQUIRES MEMBERS OF THE BOARD OF DIRECTORS T	O DISCLOSE
POTENTIAL CONFLICTS OF INTEREST. IN THE EVENT A CONFLICT	OF INTEREST
EXISTS, THE MEMBER WITH A CONFLICT OF INTEREST RECUSES TH	EMSELVES FROM ANY
VOTE INVOLVING THE CONFLICT OF INTEREST.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST THE ORGANIZATION MAKES ITS GOVERNING DOCUMEN	TS AND TAX FILINGS
AVAILABLE TO THE PUBLIC.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	276,846.
MANAGEMENT AND GENERAL EXPENSES	10,451.
FUNDRAISING EXPENSES	83,047.
TOTAL EXPENSES	370,344.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	370,344.