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 **

Form **991**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public

ΑF	or the	2020 calendar year, or tax year beginning $$ MAY $$ L $$, $$ $$ $$ $$ $$ $$ $$ $$ $$ and $$ 6	ending <i>P</i>	APR 30, 2021	
B c	heck if pplicable:	C Name of organization		D Employer identific	cation number
	Address change	APACHE SOFTWARE FOUNDATION			
	Name change	Doing business as		47-08253	76
	Initial return		Room/suite	E Telephone numbe	
	Final return/ termin-		L200	(410) 42	
_	ated Amende	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,101,646.
L	_return ☐Applica-	WILMINGTON, DE 19001		H(a) Is this a group re	eturn
	_tion pending	F Name and address of principal officer: CNATG MCCDANATIAN			?Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	
		npt status: $X = 501(c)(3)$ $= 501(c)($	or 527	,	list. See instructions
		: ► WWW.APACHE.ORG	1	H(c) Group exemptio	
		rganization: X Corporation Trust Association Other	L Year	of formation: 1999 N	N State of legal domicile: DE
Pa		Summary			miin biini ta
ė	1 B	riefly describe the organization's mission or most significant activities: PROVI	IDE SC	FTWARE FOR	THE PUBLIC
aŭ	_	OOD. WE DO THIS BY PROVIDING SERVICES AN			
eru		heck this box 🕨 📖 if the organization discontinued its operations or dispos			
30				3	9
જ		umber of independent voting members of the governing body (Part VI, line 1b)			3
Activities & Governance		otal number of individuals employed in calendar year 2020 (Part V, line 2a)			8200
ξ		otal number of volunteers (estimate if necessary)			0.
Ac		otal unrelated business revenue from Part VIII, column (C), line 12			0.
	bΝ	let unrelated business taxable income from Form 990-T, Part I, line 11			
	, ,	Southille stienes and example (Dout VIII line 11b)	_	Prior Year 2,048,910.	Current Year 2,075,296.
Revenue		contributions and grants (Part VIII, line 1h)		192,191.	
Ver		rogram service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		20,854.	
æ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,261,955.	
		irants and similar amounts paid (Part IX, column (A), lines 1-3)		50,362.	0.
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		661,334.	0.
JSe		rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b T	otal fundraising expenses (Part IX, column (D), line 25) 269, 39	9.		
ũ	17 0	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,799,343.	1,569,582.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,511,039.	1,569,582.
	19 R	evenue less expenses. Subtract line 18 from line 12		-249,084.	532,064.
ces			Ве	ginning of Current Year	End of Year
t Assets or nd Balances	20 T	otal assets (Part X, line 16)		3,586,169.	4,120,297.
it As	21 T	otal liabilities (Part X, line 26)		0.	2,064.
ESE Pure		et assets or fund balances. Subtract line 21 from line 20		3,586,169.	4,118,233.
		Signature Block			
		ies of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of whi	icn preparer	nas any knowledge.	
C:	_	Signature of officer		I Date	
Sign		CRAIG MCCLANAHAN, TREASURER		2410	
Her	e	Type or print name and title			
		District District Control of the Con		Date Check	TI PTIN
Paid		GLENN MILLER, CPA	_	3/11/22 if self-employe	
	—	Firm's name WEGNER CPAS, LLP			39-0974031
		Firm's address 419 N LEE ST			
	Ĭ.	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	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 PROV	TDE
	SOFTWARE FOR THE PUBLIC GOOD. WE DO THIS BY PROVIDING SERVICES	
	SUPPORT FOR MANY LIKE-MINDED SOFTWARE PROJECT COMMUNITIES CONS	
	OF INDIVIDUALS WHO CHOOSE TO PARTICIPATE IN ASF ACTIVITIES.	IDIING
_		
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	Yes No
_	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	xpenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 936,829 • including grants of \$) (Revenue \$	
4a	(Code:) (Expenses \$ 936,829 including grants of \$) (Revenue \$ INFRASTRUCTURE SERVICES TO SUPPORT GLOBAL OPERATIONS OF THE FO	INDATION)
	AND ITS 350+ PROJECTS, INCLUDING: HOSTING SOURCE CODE, DOWNLOA	
	SERVERS, MAILING LISTS AND ARCHIVES, BUG TRACKING SYSTEMS,	<i>DD</i> , <u>HIHITH</u>
	COLLABORATION AND BUILD SOFTWARE, AND FURTHER ACTIVITIES TO ME	ET.
	REQUIREMENTS 24/7/365.	
4b	(Code:) (Expenses \$ 39,347. including grants of \$) (Revenue \$	14,042.)
		THAT
	PROVIDE EDUCATIONAL AND COLLABORATIVE OPPORTUNITIES FOR THE	
	FOUNDATION'S GROWING PROJECTS AND THEIR COMMUNITIES AROUND THE	WORLD.
4-	(Code:) (Expenses \$ 240,298 • including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ 240,298 including grants of \$) (Revenue \$ PUBLIC RELATIONS AND MARKETING PROGRAMS THAT HELP RAISE AWAREN	ESS OF
	THE FOUNDATION AND HUNDREDS OF ITS PROJECTS AND INITIATIVES.	LDD OI
	THE TOOKERSTON AND HOMENDE OF THE TROOLETS AND INTITUTIVES.	
		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,216,474.	
		Form 990 (2020)

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	X	
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			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Α_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	э		21
O	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? If "Yes," complete			
Ū	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		Х
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		X
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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			х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
12a		100		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		21
ь	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ _{\\\}
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ایما		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ 41

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D = -4 IV	Checklist of Required Schedules (continued)
Part IV	C.Decklist of Regulired Schedilles (continued)
I GILIV	Officering of frequired Soffediales (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			v
04-	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	256		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	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			v
	"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		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
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	33		
J-T	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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			Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		Х
	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?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	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 A				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		^ -		х
	any contributions that were not tax deductible as charitable contributions?		6a		Λ
D	If "Yes," did the organization include with every solicitation an express statement that such contribut		6h		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
·	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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:	440			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a			
D	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: 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	13b			
С	Enter the amount of reserves on hand	13c			
14a	· · · · · · · · · · · · · · · · · · ·		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				77
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.		Гана	. 000	(0000)

Form **990** (2020)

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 1a	9 🖳						
	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	9						
2								
_	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		X				
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		 	_				
<i>1</i> a	more members of the governing body?	7a	X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	/ a	+	\vdash				
b		7b		Х				
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76						
		8a	Х					
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	 				
b		OD	122	 				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x				
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		21				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NI.				
40-	Did the constitution have been been been been as ###stand	40-	Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		-				
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401	x					
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	_				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	х					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		_				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	x					
40	in Schedule O how this was done	12c	1	Х				
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14						
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?			v				
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b						
46	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			v				
	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 onl	y) avai	lable				
	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, a	ınd fina	ıncial					
	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							

032006 12-23-20

Form **990** (2020)

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)	organization compensat (C)						(D)	(E)	(F)	
Name and title	Average	١,,		Pos	itior			Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of	
	week		cer an	d a d	irecto	or/trus	tee)	from	from related	other	
	(list any	rector						the	organizations	compensation	
	hours for related	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	rustee	l trust		ee /ee	ubeu		(44-2/1099-141130)		and related	
	below	dualt	itiona	L) oldu	st co I	-			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			J	
(1) SANDER STRIKER	10.00										
CHAIR		Х		Х				0.	0.	0.	
(2) CRAIG RUSSELL	10.00										
ASSISTANT SECRETARY		Х		Х				0.	0.	0.	
(3) BERTRAND DELACRETAZ	10.00										
DIRECTOR		Х						0.	0.	0.	
(4) ROY FIELDING	10.00										
DIRECTOR		Х						0.	0.	0.	
(5) SHARAN FOGA	10.00										
DIRECTOR		Х						0.	0.	0.	
(6) JUSTIN MCLEAN	10.00										
DIRECTOR		Х						0.	0.	0.	
(7) SAM RUBY	10.00							_	_	_	
DIRECTOR		Х						0.	0.	0.	
(8) ROMAN SHAPOSHNIK	10.00								_	_	
DIRECTOR		Х						0.	0.	0.	
(9) SHENG WU	10.00	l									
DIRECTOR	1000	Х						0.	0.	0.	
(10) DAVID NALLEY	10.00									•	
PRESIDENT	10.00			Х				0.	0.	0.	
(11) RUTH SUEHLE	10.00	-		,,						•	
EXECUTIVE VICE PRESIDENT	10.00			Х				0.	0.	0.	
(12) MYRLE KRANTZ	10.00	-		,,					_	0	
TREASURER				Х				0.	0.	0.	
		-									
		-									
		_			_	_	_				
		-									
				-		_					
		1									
		\vdash				-					
		1		l		1					

Form **990** (2020)

14460 31

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		than o	nne	Reportable	Reportable		Est	imate	d
	hours per	box	, unle	ss pe	rson	is both	n an	compensation	compensation	n	am	ount o	of
	week		er an	u a u	recio	or/ trus	iee)	from	from related			other	
	(list any hours for	irecto						the organization	organizations (W-2/1099-MIS		•	ensat	
	related	e or d	stee			sated		(W-2/1099-MISC)	(88-2/1099-18113	()		om the Inizati	
	organizations	truste	al trus		yee	mper		(11 2) 1300 111100)			•	relate	
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co Ioyee	ıer				orgai	nizatio	วทร
	line)	Indiv	Insti	Officer	Кеуе	Highest compensated employee	Former						
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI							>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wr	o r	eceived more than \$100	,000 of reportabl	е			^
compensation from the organization											1.	. T	0
												Yes	No
3 Did the organization list any former officer,			кеу е	emp	loye	e, or	hig	ghest compensated emp	loyee on				37
line 1a? If "Yes," complete Schedule J for s											3		<u> </u>
4 For any individual listed on line 1a, is the su	•								-				37
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a	•				-			-					37
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	uch	pers	son .					5		X
Section B. Independent Contractors									*				
1 Complete this table for your five highest co	-	-								pensa	tion fr	om	
the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	ıthır		/ear.				
(A) Name and business	address							(B) Description of s	envices	Co	(C) mpen		า
HALO WORLDWIDE	address						4				ilibeli	Satioi	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	777	1	<i>(</i> 7	Λ,	2 / 0		PUBLICITY AN	ا ت		225	, 7,	27
600A WASHINGTON STREET, WASHINGT	AFTTF2TT	<u> 1 Y</u>	, r	1A	0.	440					431	7,72	4/•
TABLE2 CONSULTING	CA 054	. O I	=					SYSTEMS ADMINISTRATI	ONT		1 2 2) n	0.0
319 NEVADA AVE, WOODLAND				יער	27.7	TV			OIN		144	2,00	J U •
16 DEGREES, 352-392 PAYNI VICTORIA, AUSTRALIA 3335	ים אטא מי	, 1		_N1	DAI	, AIV.		SYSTEMS ADMINISTRATI	ONT		100	0 0	20
DANTEL GRUNO VANGEDEVEL	2337 3	3	דדת					ADMINISTRATI SYSTEMS	OTA		TU 2	2,92	<u> </u>

Form **990** (2020)

101,671.

ADMINISTRATION

Total number of independent contractors (including but not limited to those listed above) who received more than

DYSSEGAARD, DENMARK 28700

\$100,000 of compensation from the organization

Pa	I L \	/ 1111					a a la Alaia Davi VIII			
			Check if Schedule O	contains a re	sponse	or note to any II	ne in this Part VIII (A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenue excluded
ice Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	ipbutions) 1 grants, and above 1 lines 1a-1f 1	g \$	Business Code 900099	11,000.			Sections 512 - 514
Program Service Revenue		b	CONFERENCE RE	VENUE		900099	3,042.	3,042.		
m S ven		C								
gra		d e								
Pro			All other program service	revenue						
			Total. Add lines 2a-2f				14,042.			
	3 4 5		Investment income (include other similar amounts)	of tax-exemp	t bond p	proceeds	12,308.			12,308.
		a b c	Gross rents Less: rental expenses Rental income or (loss)	(i) F 6a 6b 6c	Real	(ii) Personal				
	7	а	Net rental income or (loss Gross amount from sales of assets other than inventory Less; cost or other basis		curities	(ii) Other				
Revenue		С	and sales expenses Gain or (loss) Net gain or (loss)	7c						
Other	8	а	contributions reported on	line 1c). See	of e					
		С	Part IV, line 18 Less: direct expenses Net income or (loss) from	fundraising 6	8b events	>				
	9	b	Gross income from gamin Part IV, line 19 Less: direct expenses Net income or (loss) from		9a 9b					
	10	а	Gross sales of inventory, land allowances	ess returns	10a					
			Net income or (loss) from							
SI						Business Code				
Miscellaneous Revenue	11									
lar ven		b								
Re		Ç	All other revenue							
Σ			All other revenue							
	12		Total. Add lines 11a-11d Total revenue . See instruction				2,101,646.	14,042.	0.	12,308.
	12		i otal i ovoliue. Oce ilibli delle	nio		🚩	<u> -, , 0 = 0 •</u>			,

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		l	J	,
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
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):				
а	Management	812,594.	772,332.		40,262
b	Legal	17,634.		17,634.	
С	Accounting	45,035.		45,035.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	457,658.	233,144.		224,514 1,970
12	Advertising and promotion	98,502.	96,532.		1,970
13	Office expenses	11,315.		11,315.	
14	Information technology	67,143.	58,041.	7,918.	1,184
15	Royalties				
16	Occupancy				
17	Travel	8,800.	8,626.		174
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	39,666.	38,560.		1,106
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,787.		1,787.	
24	Other expenses. Itemize expenses not covered 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					
b					
С					
d					
е	All other expenses	9,448.	9,239.	20.	189
25	Total functional expenses. Add lines 1 through 24e	1,569,582.	1,216,474.	83,709.	269,399
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	cudcational campaign and fundralising solicitation.				

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Га	ILΛ	Dalance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,841,678.	1	1,072,792.
	2	Savings and temporary cash investments	E40 E04	2	3,022,605.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
	-	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		_	
	•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	1	Land, buildings, and equipment: cost or other			
	""	basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14			14	
	15	Intangible assets Other assets See Part IV line 11			24,900.
	16	Other assets. See Part IV, line 11	2 506 460	16	4,120,297.
	17	Accounts payable and accrued expenses	_	17	2,064.
	18			18	2,001.
	19	Grants payable		19	
	20	Deferred revenue Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
"	22	Loans and other payables to any current or former officer, director,		21	
Liabilities	~~	trustee, key employee, creator or founder, substantial contributor, or 35%			
ij				22	
E.	23	controlled entity or family member of any of these persons		23	
	24	Secured mortgages and notes payable to unrelated third parties		24	
	25	Unsecured notes and loans payable to unrelated third parties		24	
	23	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		05	
	26	of Schedule D	0.	25 26	2,064.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here		20	2,004.
es					
Juc	07	and complete lines 27, 28, 32, and 33.	3,053,190.	27	3,585,254.
3ale	27	Net assets without donor restrictions		28	532,979.
βE	28	Net assets with donor restrictions		20	332,373.
Ξ		Organizations that do not follow FASB ASC 958, check here			
٥	00	and complete lines 29 through 33.		00	
ets	29	Capital stock or trust principal, or current funds		29	
\SS	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	/ 11Q 222
Ž	32	Total net assets or fund balances		32	4,118,233.
	33	Total liabilities and net assets/fund balances	3,586,169.	33	4,120,297.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		2,10		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,56		
3	Revenue less expenses. Subtract line 2 from line 1	3			64.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,58	6,1	69 .
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			
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	4,11	8,2	33.
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	О.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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,			1
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	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		Х
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	(2020)

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

APACHE SOFTWARE FOUNDATION

Employer identification number 47-0825376

Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)		_
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative		·			ii).	
4		A medical research organiz	•				-	the hospital's name
•		city, and state:	anon operated in col	njanotion with a moopital	GOOGIIDOG			ino neophare name,
5		An organization operated for	or the benefit of a co	llogo or university ewner	d or opera	tod by a d	overnmental unit describ	ood in
3				nege of difficersity owner	u or opera	ted by a g	overnmentar unit descrit	oeu III
_		section 170(b)(1)(A)(iv). (C					()	
6	\vdash	A federal, state, or local gov						
7		An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	-					
8	Ш	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	e or
		university:						
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from (contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	~					
а		Type I. A supporting orga	* *			-	· · · · · ·	aivina .
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	•		
		organization. You must o						.appa9
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s) by ha	vina
~		control or management o	•					-
		organization(s). You mus			arrie perse	nis triat co	ontrol of manage the sup	ported
_		Type III functionally inte	-		in connoc	tion with	and functionally intograt	ad with
·		its supported organization					•	ea with,
d		Type III non-functionally		•				zotion(s)
u								
		that is not functionally int	-	-	•		•	iveriess
		requirement (see instruct	· ·					
е		☐ Check this box if the orga					a Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.		
f		er the number of supported o		-l				
g		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga		(v) Amount of monetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)
		-		above (see instructions))	103	140		
Tota	nl							

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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.						
_	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	, ,	. ,	, ,	, ,	, ,	.,
	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	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	
	First 5 years. If the Form 990 is for the			fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stor	_		•	•		
Sec	tion C. Computation of Publ						
14	Public support percentage for 2020 (line 6, column (f), o	divided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	·			▶□
b	33 1/3% support test - 2019. If the	organization did no	ot check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	ublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ	umstances test. Ti	he organization qu	alifies as a publicl	y supported organ	ization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	ınd see instruction	s ▶□

Schedule A (Form 990 or 990-EZ) 2020

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.)

Sec	ction A. Public Support	elow, please comp	nete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 2011	(0) 2010	(a) 2010	(0) 2020	(i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")	982,348.	2640369.	2334957.	2048910.	2075296.	10081880.
2	Gross receipts from admissions,	001,0101					
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the		33,100.	274,666.	192,191.	14,042.	513,999.
2	organization's tax-exempt purpose Gross receipts from activities that		33,100.	274,000.	102,1010	11,012.	313,333.
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
_							
э	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge	982,348.	2673469.	2609623.	2241101.	2000330	10595879.
	Total. Add lines 1 through 5	304,340.	40/3409.	2009023.	2241101.	4009330.	10393679.
7 a	Amounts included on lines 1, 2, and	127,200.	1592882.	250,000.	494,222.	600,000.	3064304.
	3 received from disqualified persons	147,400.	1392002.	450,000.	434,222.	000,000.	3004304.
D	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	107 200	150000	250,000.	404 222	600 000	3064304.
	Add lines 7a and 7b	127,200.	1592882.	∠50,000.	494,222.	600,000.	
8	Public support. (Subtract line 7c from line 6.)						7531575.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016 982,348.	(b) 2017 2673469.	(c) 2018	(d) 2019 2241101.	(e) 2020	(f) Total 10595879.
	Amounts from line 6	982,348.	26/3469.	2609623.	2241101.	2089338.	10595879.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,	6 000	F 041	15 000	00 054	10 200	65 014
	and income from similar sources	6,209.	7,941.	17,902.	20,854.	12,308.	65,214.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			1 - 000		1000	
	Add lines 10a and 10b	6,209.	7,941.	17,902.	20,854.	12,308.	65,214.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)		16,648.	6,010.			22,658.
13	Total support. (Add lines 9, 10c, 11, and 12.)	988,557.	2698058.	2633535.	2261955.	2101646.	10683751.
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizat	ion,
	check this box and stop here						>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	70.50 %
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	69.34 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.61 %
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	.56 %
	33 1/3% support tests - 2020. If the					3 1/3%, and line	17 is not
	more than 33 1/3%, check this box as						▶ X
b	33 1/3% support tests - 2019. If the						and
	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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
10b		
.00		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
	the supported organization(s). ion D. All Type III Supporting Organizations	1	ш	
000	ion b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in line 2, above, did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 yeafsee instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 constituted substantially all of its activities.	2a		
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng 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 mus	t complete	Sections 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):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
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 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting org	ganization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2020

Pai	t v Type III Non-Functionally Integrated 509	vaj(3) Supporting Org	anizations _{(continu}	ed)				
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1				
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	he organization is responsiv	е					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
		(i)	(ii)		(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	s	Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
a	From 2015							
b	From 2016							
c	From 2017							
d	From 2018							
е	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i_	Carryover from 2015 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
С	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2016							
	Excess from 2017							
С	Excess from 2018							
	Excess from 2019							

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Dort VI	the difference of the first of
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1. Det IV. Section B. lines 1, 2, on, on, 70, 70, on, on, 50, on 10, 110, and 1
	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.)
	(ose menusiane.)

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

2020

Name of the organization Employer identification number

APACHE SOFTWARE FOUNDATION 47-0825376 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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
1		\$147,940 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$125,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$149,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>130,105.</u>	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		\$ <u>125,000</u> .	Person X Payroll

APACHE SOFTWARE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Name, audress, and ZiF + 4	\$ 125,000.	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
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	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	nume, dudices, and En 1 1	\$50,000.	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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$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
13		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$ 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
19		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ 25,000.	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		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ 25,000.	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	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$11,592 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$6,058.	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
29		\$ 6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$6,000.	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	al spac	e is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
31		\$_	6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
32		\$_	6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
33		\$_	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
34		\$_	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
35		\$_	6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
36		\$_	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
37		\$ 6,000.	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		\$5,440.	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
40		\$5,000.	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
41		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$5,000.	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	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$5,000.	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.)
(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
		<u> </u>	
(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
		<u> </u>	
(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

47-0825376 APACHE SOFTWARE FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

2020
Open to Public Inspection

Name of the organization

Employer identification number

Schedule F (Form 990) 2020

APACHE SOFTWARE	FOIINDAT	TON			47-082537	6
			tside the United States. Comple	ete if the organ		
Form 990, Part IV						
			ds to substantiate the amount of its grather the selection criteria used to award the			Yes No
	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	ther assistance outs	side the
United States.	as following Port	I line 2 table of	an be duplicated if additional space is	acadad)		
(a) Region	(b) Number of		(d) Activities conducted in the region		vity listed in (d)	(f) Total
(a) nogen	offices in the region	employees,	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	gram service, e specific type (s) in the region	expenditures for and investments in the region
NORTH AMERICA	0	1	PROGRAM SERVICES	INFRASTRUCT	URE SERVICES	49,992.
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	INFRASTRUCT	URE SERVICES	101,671.
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	INFRASTRUCT	URE SERVICES	102,920.
3 a Subtotal	0	3				254,583.
b Total from continuation						
sheets to Part I c Totals (add lines 3a	0	0				0.
and 3b)	0	3				254,583.

032071 12-03-20

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

Schedule F (Form 990) 2020 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.

Schedule F (Form 990) 2020	Sched	A	recognized as a tax luivalency letter	foreign country, tion 501(c)(3) eq	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	Enter total number of recipient organizations listed above that are rec exempt 501(c)(3) organization by the IRS, or for which the grantee or Enter total number of other organizations or entities	recipient organization inization by the IRS, other organizations o	Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for which is the total number of other organizations or entities.
(i) Method of valuation (book, FMV, appraisal, other)	(h) Description of noncash assistance	(g) Amount of noncash assistance	(f) Manner of cash disbursement	(e) Amount of cash grant	(d) Purpose of grant	(c) Region	(b) IRS code section and EIN (if applicable)	1 (a) Name of organization

Page 3

APACHE SOFTWARE FOUNDATION

Schedule F (Form 990) 2020 APACHE SOFTWARE FOUNDATION 47-0825376

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.

thod of ation FMV, II, other)					990) 2020
(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2020
(g) Description of noncash assistance					Sche
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					_
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

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
	Corneration (and Instructions for Form 006)

 _		
Vac	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)

Vaa	V	N _a

3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to
	Certain Foreign Corporations (see Instructions for Form 5471)

 ┰	

4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a
•	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing
	Fund (see Instructions for Form 8621)

Yes	X	Nο	

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

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
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Schedule F (Form 990) 2020

032075 12-03-20 Schedule F (Form 990) 2020

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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. 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:

APACHE HAS CONTRACTED WITH VIRTUAL, INC. TO MAINTAIN THEIR FINANCIAL RECORDS AND HANDLE OTHER FINANCIAL MATTERS. DURING FY21, THE ORGANIZATION IGNITESPOT HAS TAKEN OVER THEIR PRIMARY ROLE NO LONGER ENGAGED VIRTUAL. WHICH WAS ACCOUNTING, OTHER TASKS PREVIOUSLY PERFORMED BY VIRTUAL HAVE BEEN DELEGATED OTHERWISE.

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.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS IS THE GOVERNING BODY OF THE ASF AS PER THE BYLAWS,

THE BOARD IS A GROUP OF 9 PEOPLE THAT ARE ELECTED ANNUALLY 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 TO DISCLOSE

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization APACHE SOFTWARE FOUNDATION	Employer identification number 47-0825376
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 000 PART VI GROWTON O LINE 10.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST THE ORGANIZATION MAKES ITS GOVERNING DOCUMEN AVAILABLE TO THE PUBLIC.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	233,144.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	224,514.
TOTAL EXPENSES	457,658.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	457,658.