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

APACHE SOFTWARE FOUNDATION 1000 N WEST STREET, 1200 WILMINGTON, DE 19801

			** PUBLIC DISCLOSURE COPY *	*	
	0		Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	тIJ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	2021
Den		of the Treesure	Do not enter social security numbers on this form as it may	ıy be made public.	Open to Public
Inter	nal Rev	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection
Α	For th	e 2021 calend	ar year, or tax year beginning $$ MAY $$ 1 , $$ $$ 2021 and ending	APR 30, 2022	
	Check if applicat	C Name of	organization	D Employer identificati	ion number
_	Addr				
	chan Nam	ge APAC	HE SOFTWARE FOUNDATION	47 0005076	
	chan Initia		usiness as	47-0825376	
	returi Final	1000	and street (or P.O. box if mail is not delivered to street address) Room/su N WEST STREET 1200	uite E Telephone number (410) 420-	0140
	lreturi termi ated	2	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,765,183.
	Amer	nded TATT.M	INGTON, DE 19801	H(a) Is this a group retur	
	returi Appli tion		nd address of principal officer: CRAIG MCCLANAHAN	for subordinates?	
	pend		AS C ABOVE	H(b) Are all subordinates includ	···· = =
1	Tax-e>	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527 If "No," attach a list	
			APACHE.ORG	H(c) Group exemption n	umber 🕨
		of organization:	X Corporation ☐ Trust	iear of formation: 1999 M St	tate of legal domicile: ${ m DE}$
Pa	art I				
Ð	1		e the organization's mission or most significant activities: PROVIDE		E PUBLIC
anc.			E DO THIS BY PROVIDING SERVICES AND SU		
Governance	2		x if the organization discontinued its operations or disposed of m	1 1	
Š	3		ing members of the governing body (Part VI, line 1a)		15
			lependent voting members of the governing body (Part VI, line 1b)		<u>15</u> 4
Activities &	5		of individuals employed in calendar year 2021 (Part V, line 2a)		8200
tivit	6		of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12		0.
Ac	l /a		business taxable income from Form 990-T, Part I, line 11		0.
	<u> </u>	Net unrelated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	2,075,296.	1,746,880.
nue	9		ce revenue (Part VIII, line 2g)	14,042.	11,200.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	12,308.	7,103.
8	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,101,646.	1,765,183.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1·3)	0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
ens	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses				1,569,582.	1,548,909.
_	1 1		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,569,582.	1,548,909.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12	532,064.	216,274.
		nevenue less		Beginning of Current Year	End of Year
Net Assets or	20	Total assets (F	Part X, line 16)	4,120,297.	4,279,071.
Assi	21		(Part X, line 26)	2,064.	3,310.
Net	22		fund balances. Subtract line 21 from line 20	4,118,233.	4,275,761.
	art II			· · ·	· ·
Unc	ler pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my kno	owledge and belief, it is
true	, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prepared	arer has any knowledge.	

Sign	Signature of officer	Date					
Here	CRAIG MCCLANAHAN, TREASURER						
	Type or print name and title						
	Print/Type preparer's name Preparer's signature	ure Date Check DTIN					
Paid	GLENN MILLER, CPA GLENN MIL	LLER, CPA 03/15/23	726				
Preparer	Firm's name 🕒 WEGNER CPAS LLP	Firm's EIN ▶ 39-09740	31				
Use Only	Firm's address 🖕 419 N LEE ST						
	ALEXANDRIA, VA 22314-2301	L Phone no. (703) 519-	0990				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
132001 12-0	13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) APACHE SOFTWARE FOUNDATION	47-0825376	Page 2
Par	t III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III		
•	THE MISSION OF THE APACHE SOFTWARE FOUNDATION (ASF) IS I	O PROVIDE	
	SOFTWARE FOR THE PUBLIC GOOD. WE DO THIS BY PROVIDING SE		
	SUPPORT FOR MANY LIKE-MINDED SOFTWARE PROJECT COMMUNITIE	S CONSISTING	
	OF INDIVIDUALS WHO CHOOSE TO PARTICIPATE IN ASF ACTIVITI	ES.	
2	Did the organization undertake any significant program services during the year which were not listed on the		T
	prior Form 990 or 990-EZ?	Yes	<u>X</u> No
3	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? If "Yes," describe these changes on Schedule O.		<u>77</u> NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,023,500. including grants of \$) (Rever		0.)
	INFRASTRUCTURE SERVICES TO SUPPORT GLOBAL OPERATIONS OF		
	AND ITS 350+ PROJECTS, INCLUDING: HOSTING SOURCE CODE, D	•	<u>IL</u>
	SERVERS, MAILING LISTS AND ARCHIVES, BUG TRACKING SYSTEM	•	
	COLLABORATION AND BUILD SOFTWARE, AND FURTHER ACTIVITIES REQUIREMENTS 24/7/365.	TO MEET	
	REQUIREMENTS 24/7/303.		
4b	(Code:) (Expenses \$ 265,844. including grants of \$ 0.) (Rever		0.)
	PUBLIC RELATIONS AND MARKETING PROGRAMS THAT HELP RAISE THE FOUNDATION AND HUNDREDS OF ITS PROJECTS AND INITIATI		
	THE FOONDATION AND HONDREDS OF TIS TROUECTS AND INTITAT		
4c	(Code:) (Expenses \$ 39,877. including grants of \$ 0.) (Rever	nue \$ 11,2	00.
	EVENTS THAT INCLUDE CONFERENCES AND PROJECT-SPECIFIC SEM		<u></u>)
	PROVIDE EDUCATIONAL AND COLLABORATIVE OPPORTUNITIES FOR		
	FOUNDATION'S GROWING PROJECTS AND THEIR COMMUNITIES AROU	ND THE WORLD.	
_			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1, 329, 221.		
		Form 99	J (2021)
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 Form 990 (2021)
 APACHE SOFTWARE FOUNDATION

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		v
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	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			
5	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	<u> </u>		
	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, VII, 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		Х
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
-	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13 14-	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	х	
14а ь		14a	Δ	
ŭ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
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			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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to 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? If "Yes," complete Schedule L, Part II	26		x
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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		- 23
C		28c		x
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 20		29		- 23
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
04	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			- v
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
c -	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	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 on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
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rt V	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1 1		Yes	No
	er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	for the calendar year ending with or within the year covered by this return	2a 4		37	
	least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	
	e: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	S			37
			3a		X
	es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	ny time during the calendar year, did the organization have an interest in, or a signature or other a	-			
	ncial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	4a		X
	es," enter the name of the foreign country				
	instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ar		F -		x
	the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction file Form 2000 TO		5b		
	es" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
	s the organization have annual gross receipts that are normally greater than \$100,000, and did th		6.		x
			<u>6a</u>		
	es," did the organization include with every solicitation an express statement that such contributi		Ch		
	e not tax deductible?		6b		
-	anizations that may receive deductible contributions under section 170(c).	vises provided to the power?	70		x
	he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a 7b		
	es," did the organization notify the donor of the value of the goods or services provided? the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	a roquirod	7b		
		•	7c		x
		7d	10		
	es," indicate the number of Forms 8282 filed during the year		7e		x
	the organization receive any functs, directly or indirectly, to pay premiums on a personal benefit contra the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7e 7f		X
	e organization, earling the year, pay premians, directly of indirectly, of a personal benefit contra e organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization me ro		79 7h		
	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
-		-	8		
-	nsoring organization have excess business holdings at any time during the year?		-		
-			9a		
			9b		
	tion 501(c)(7) organizations. Enter:		0.0		
	ation fees and capital contributions included on Part VIII, line 12	10a			
	ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	tion 501(c)(12) organizations. Enter:				
	ss income from members or shareholders	11a			
	ss income from other sources. (Do not net amounts due or paid to other sources against				
	unts due or received from them.)	11b			
	tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I	12a		
	es," enter the amount of tax-exempt interest received or accrued during the year	12b			
	tion 501(c)(29) qualified nonprofit health insurance issuers.				
	e organization licensed to issue qualified health plans in more than one state?		13a		
	e: See the instructions for additional information the organization must report on Schedule O.				
	er the amount of reserves the organization is required to maintain by the states in which the				
	nization is licensed to issue qualified health plans	13b			
	r the amount of reserves on hand	13c			
			14a		X
	es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
	e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	ess parachute payment(s) during the year?		15		x
	es," see the instructions and file Form 4720, Schedule N.				
	e organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	es," complete Form 4720, Schedule O.				
	tion 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
	vities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	es," complete Form 6069.				
11 T					

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Form 990	(2021)	
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Check if Schedule O contains a response or note to any line in this Part VI

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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. X

e number of voting members of the governing body at the end of the tax year e material differences in voting rights among members of the governing body, or if the governing gated broad authority to an executive committee or similar committee, explain on Schedule 0. e number of voting members included on line 1a, above, who are independent officer, director, trustee, or key employee have a family relationship or a business relationship lirector, trustee, or key employee? organization delegate control over management duties customarily performed by or under the rs, directors, trustees, or key employees to a management company or other person? organization make any significant changes to its governing documents since the prior Form 99 organization become aware during the year of a significant diversion of the organization's asse organization have members or stockholders? organization have members, stockholders, or other persons who had the power to elect or app mbers of the governing body? governance decisions of the organization reserved to (or subject to approval by) members, sto other than the governing body? mmittee with authority to act on behalf of the governing body? any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be react tion's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> Policies <i>(This Section B requests information about policies not required by the Internal Rev</i> organization have local chapters, branches, or affiliates? did the organization have written policies and procedures governing the activities of such cha ches to ensure their operations are consistent with the organization's exempt purposes? organization provided a complete copy of this Form 990 to all members of its governing body e on Schedule O the process, if any, used by the organization to review this Form 990. organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	direct supervision 00 was filed? booint one or bockholders, or by the following: hed at the <u>renue Code.)</u>	n	2 3 4 5 6 7 7 8 8 8 8 8 8 9 9 10 2	X X X X X X X	
e material differences in voting rights among members of the governing body, or if the governing gated broad authority to an executive committee or similar committee, explain on Schedule O. e number of voting members included on line 1a, above, who are independent	with any other direct supervision 00 was filed? thet as filed? boint one or bockholders, or by the following: hed at the <u>enue Code.</u>)	n	3 4 5 6 7a 7b 8a 8b 9 9	X X X Yes	
gated broad authority to an executive committee or similar committee, explain on Schedule 0. a number of voting members included on line 1a, above, who are independent officer, director, trustee, or key employee have a family relationship or a business relationship lirector, trustee, or key employee? organization delegate control over management duties customarily performed by or under the rs, directors, trustees, or key employees to a management company or other person? organization make any significant changes to its governing documents since the prior Form 99 organization become aware during the year of a significant diversion of the organization's asses organization have members or stockholders? organization have members, stockholders, or other persons who had the power to elect or apprentized any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be react tion's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> Policies <i>(This Section B requests information about policies not required by the Internal Rev</i> organization have local chapters, branches, or affiliates? did the organization have written policies and procedures governing the activities of such cha heres to ensure their operations are consistent with the organization's exempt purposes? organization provided a complete copy of this Form 990 to all members of its governing body e on Schedule O the process, if any, used by the organization to review this Form 990.	with any other direct supervision 00 was filed? thet as filed? boint one or bockholders, or by the following: hed at the <u>enue Code.</u>)	n	3 4 5 6 7a 7b 8a 8b 9 9	X X X Yes	
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mmittee with authority to act on behalf of the governing body? any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach tion's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> Policies (<i>This Section B requests information about policies not required by the Internal Rev</i> prganization have local chapters, branches, or affiliates? did the organization have written policies and procedures governing the activities of such cha nches to ensure their operations are consistent with the organization's exempt purposes? organization provided a complete copy of this Form 990 to all members of its governing body e on Schedule O the process, if any, used by the organization to review this Form 990.	hed at the renue Code.) upters, affiliates,		8b 9 10a	X Yes	
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on Schedule O the process, if any, used by the organization to review this Form 990.	before filing the f	ormo I	10b	Х	
			11a	Х	
progenization have a written conflict of interest policy? If "No " go to line 13					
			12a	Х	
cers, directors, or trustees, and key employees required to disclose annually interests that could give rise t	o conflicts?		12b	Х	
organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," describe				
dule O how this was done			12c	Х	
organization have a written whistleblower policy?			13		X
organization have a written document retention and destruction policy?			14		X
process for determining compensation of the following persons include a review and approval	by independent				
comparability data, and contemporaneous substantiation of the deliberation and decision?					
anization's CEO, Executive Director, or top management official			15a		X
		1	15b		X
	ent with a				
			16a		x
, , ,					
			16h		
			100		
	d 990-T (section F	501(c)(3)e		availal	
		501(0)(3)5	Unity)	avallal	JIE
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	a sector de la companya de				
	ks and records	-			
	organization have a written whistleblower policy? organization have a written document retention and destruction policy? process for determining compensation of the following persons include a review and approval , comparability data, and contemporaneous substantiation of the deliberation and decision? anization's CEO, Executive Director, or top management official fficers or key employees of the organization to line 15a or 15b, describe the process on Schedule O. See instructions. organization invest in, contribute assets to, or participate in a joint venture or similar arrangement; did the organization follow a written policy or procedure requiring the organization to evaluate venture arrangements under applicable federal tax law, and take steps to safeguard the organization status with respect to such arrangements? Disclosure states with which a copy of this Form 990 is required to be filed ▶ NONE 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and ic inspection. Indicate how you made these available. Check all that apply. wn website Another's website X Upon request Other (explain e on Schedule O whether (and if so, how) the organization made its governing documents, corints available to the public during the tax year. e name, address, and telephone number of the person who possesses the organization's bool TE SPOT OUTSOURCED ACCOUNTING - 855-694-4648	organization have a written whistleblower policy? organization have a written document retention and destruction policy? process for determining compensation of the following persons include a review and approval by independent , comparability data, and contemporaneous substantiation of the deliberation and decision? anization's CEO, Executive Director, or top management official fficers or key employees of the organization to line 15a or 15b, describe the process on Schedule O. 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Check all that apply. wn website □ Another's website ① Upon request □ Other (<i>explain on Schedule O</i>) e on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest points available to the public during the tax year. e name, address, and telephone number of the person who possesses the organization's books and records	anization's CEO, Executive Director, or top management official fficers or key employees of the organization to line 15a or 15b, describe the process on Schedule O. See instructions. organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a entity during the year? did the organization follow a written policy or procedure requiring the organization to evaluate its participation renture arrangements under applicable federal tax law, and take steps to safeguard the organization's status with respect to such arrangements? 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Check all that apply. wn website Another's website X Upon request Other (<i>explain on Schedule O</i>) e on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and nts available to the public during the tax year. e name, address, and telephone number of the person who possesses the organization's books and records TE SPOT OUTSOURCED ACCOUNTING - 855-694-4648	organization have a written whistleblower policy? 13 organization have a written document retention and destruction policy? 14 process for determining compensation of the following persons include a review and approval by independent 15 organization is CEO, Executive Director, or top management official 15 fficers or key employees of the organization 15 to line 15a or 15b, describe the process on Schedule O. 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Check all that apply. 0ther (explain on Schedule O) e on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance 16 miss available to the public during the tax year. 0ther (explain on Schedule O) 0ther (explain on Schedule O) e on	organization have a written whistleblower policy? 13 organization have a written document retention and destruction policy? 14 process for determining compensation of the following persons include a review and approval by independent 14 , comparability data, and contemporaneous substantiation of the deliberation and decision? 15a anization's CEO, Executive Director, or top management official 15a fficers or key employees of the organization 15b to line 15a or 15b, describe the process on Schedule O. 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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)			(0	C)	•		(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than box, unless person is both officer and a director/trus			than o s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DAVID NALLEY	10.00									
PRESIDENT	10.00	Х		X				0.	0.	0.
(2) RUTH SUEHLE	10.00									
EXECUTIVE VICE PRESIDENT		Х		X				0.	0.	0.
(3) MATT SICKER	10.00									
SECRETARY	10.00	Х		X				0.	0.	0.
(4) CRAIG MCCLANAHAN	10.00									
TREASURER (FROM 12/2021)	10.00	х		X				0.	0.	0.
(5) ROBERTO GALOPPINI	10.00									
ASSISTANT TREASURER (FROM 2/2022)	10.00	Х		X				0.	0.	0.
(6) MYRLE KRANTZ	10.00									
ASSISTANT TREASURER	10.00	Х		X				0.	0.	0.
(7) RICH BOWEN	10.00									
DIRECTOR	10.00	Х						0.	0.	0.
(8) BERTRAND DELACRETAZ	10.00	.,							•	
DIRECTOR	10.00	Х						0.	0.	0.
(9) CHRISTOFER DUTZ	10.00								0	
DIRECTOR	10.00	Х						0.	0.	0.
(10) ROY T. FIELDING DIRECTOR	10.00	v						0.	0.	
(11) SHARAN FOGA	10.00	Х						U •	0.	0.
DIRECTOR	10.00	x						0.	0.	0.
(12) WILLEM NING JIANG	10.00	^						0.	0.	0.
DIRECTOR	10.00	x						0.	0.	0.
(13) SAM RUBY	10.00	1							0.	<u>0.</u>
DIRECTOR	10.00	x						0.	0.	0.
(14) ROMAN SHAPOSHNIK	10.00									
DIRECTOR	10.00	x						0.	0.	0.
(15) SANDER STRIKER	10.00	- 23						<u>0.</u>	0.	.
DIRECTOR		x						0.	0.	0.
			-		-	-				
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Form 990 (2021)

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Form 990 (2021) APACHE SC									47-08	2537	6	Page 8
Part VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C		. ,			
(A)	(B)			(C Pos	C)			(D)	(E)		(F)	
Name and title	Average		not c	heck	more	than o		Reportable	Reportable		Estima	
	Nours per box, unless person is both an compensation compen							compensation	ו ו	amoui		
	(list any	or					,	from the	from related organizations		oth	er sation
	hours for	direct				-		organization	(W-2/1099-MIS		from	
	related	se or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		rganiz	
	organizations	trust	al tru		iyee	ompe		1099-NEC)	,		and rel	
	below	Individual trustee or director	Institutional trustee	er	ƙey employee	est co loyee	ner			0	ganiza	ations
	line)	Indiv	Insti	Officer	Key (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)]		0.		0.		0.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	ove) who	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												0
											Ye	s No
3 Did the organization list any former officer,	director, truste	ee, k	key e	empl	oyee	e, or	hig	hest compensated emp	oyee on			
line 1a? If "Yes," complete Schedule J for s										3	_	X
4 For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization			
and related organizations greater than \$150	,		•							4	_	X
5 Did any person listed on line 1a receive or a	-				-			-				
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or si	ıch ı	bers	on				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest con	-								· · · · ·	ensation	from	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wit	nın T		ear.		(0)	
(A) Name and business	address							(B) Description of s	ervices		(C) pensat	ion
HALO WORLDWIDE								PUBLICITY AN				
600A WASHINGTON STREET, W	ELLESLE	Υ.	м	A	02	482	I	MARKETING	-	2	35.	364.
TABLE 2 CONSULTING LLC		- /					_	SYSTEMS				
319 NEVADA AVE, WOODLAND,	CA 956	95						ADMINISTRATI(ON	1	49,	000.
BITERGIUM S.L.L., AVENIDA			Ρ	EC	ES		_	SYSTEMS			- 1	
BARBA N1 1.1.C14, MADRID,								ADMINISTRATI	ON	1	45,	000.
DANIEL VICTOR GRUNO, VANG							_	SYSTEMS				
3.TV, DYSSEGAARD, DENMARK								ADMINISTRATI	ON	1	42,	502.
16DEGREES, 352-392 PAYNES		RO	CK	BA	NK	,		SYSTEMS				
VICTORIA, AUSTRALIA 3335								ADMINISTRATI	ON	1	32 <u>,</u>	002.
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to	_	-	ed	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation 🕨				5)						

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			_							
			Check if Schedule O c	contains a	response	or note to any line	e in this Part VIII (A)	(B)	(C)	[D]
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
s co	1 a	<u> </u>	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	, .				1b					
ງ ເ	- -		Fundraising events		10 10					
ifts,			Related organizations		1d					
s, G nila	e		Government grants (contr		1e					
Sir	f		All other contributions, gifts,							
outi			similar amounts not included			746,880.				
it it	ç		Noncash contributions included in		1g \$	-				
Cor	ł	h	Total. Add lines 1a-1f			►	1,746,880.			
						Business Code				
e	2 8	а	MENTOR STIPEN	DS		900099	11,200.	11,200.		
Program Service Revenue	k	b						-		
Ser	c	с								
am	c	d								
ßč	e	е								
Pro	f	f	All other program service	revenue						
	ç		Total. Add lines 2a-2f				11,200.			
	3		Investment income (includ	ling divide	nds, intere	est, and				
			other similar amounts)			►	7,103.			7,103.
	4		Income from investment of	of tax-exem	npt bond p	oroceeds 🕨 🕨				
	5		Royalties	. <u></u>	<u></u>	►				
					i) Real	(ii) Personal				
	6 a	а	Gross rents	6a						
	k	b	Less: rental expenses	6b						
	c	С	Rental income or (loss)	6c						
	c	d	Net rental income or (loss))	<u></u>	►				
	7 a	а	Gross amount from sales of	(i) S	ecurities	(ii) Other				
			assets other than inventory	7a						
	k	b	Less: cost or other basis							
anı				7b						
Revenue			<i>, ,</i> , , , , , , , , , , , , , , , , ,	7c						
Re			Net gain or (loss)			>				
her	8 a	а	Gross income from fundraising	ng events (r	not					
Otho			including \$							
			contributions reported on							
			Part IV, line 18		<u>8a</u>					
			Less: direct expenses							
			Net income or (loss) from			····· ►				
	9 a		Gross income from gamin							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from			▶				
	10 a		Gross sales of inventory, I							
			and allowances							
			Less: cost of goods sold							
\rightarrow	0	C	Net income or (loss) from	sales of in	ventory	Business Code				
s		_				Dusiness Code				
leol	11 a									
scellaneo <u>Revenue</u>	k	b								
Miscellaneous Revenue	C	2 2								
Ϊ			All other revenue							
	12		Total. Add lines 11a-11d			····· •	1,765,183.	11,200.	0.	7,103.
	14		Total revenue. See instruction	פווי		····· 🔽	-,, <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,200.	· ·	Form 990 (2021

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APACHE SOFTWARE FOUNDATION Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comple			nplete column (A).	
	Check if Schedule O contains a respons		his Part IX	(0)	X
	not include amounts reported on lines 6b, 3b, 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				
	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 disgualified				
	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 11	Payroll taxes				
11	Fees for services (nonemployees):	998,070.	978,109.		19,961.
	Management	52,697.	570,105.	52,697.	17,701.
		18,492.		18,492.	
	Accounting	10,492.		10,492.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	3,533.		3,533.	
f	Investment management fees	5,555.		5,555.	
g	Other. (If line 11g amount exceeds 10% of line 25,	206 657	204 205		100 270
	column (A), amount, list line 11g expenses on Sch 0.)	306,657.	204,285.		102,372. 1,155.
12	Advertising and promotion	57,699.	56,544.	15 511	1,155.
13	Office expenses	15,511.	41 000	15,511.	0.2.2
14	Information technology	44,168.	41,026.	2,309.	833.
15	Royalties				
16	Occupancy				
17	Travel	2,885.	2,827.		58.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	40,703.	39,889.		814.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,820.		1,820.	
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					
c					
d					
	All other expenses	6,674.	6,541.		133.
25	Total functional expenses. Add lines 1 through 24e	1,548,909.	1,329,221.	94,362.	125,326.
<u>25</u> 26	Joint costs. Complete this line only if the organization	_,,	_,~_/ []]	51,5021	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		1	I	

11

132010 12-09-21

13420315 788028 14460.3AU01

Form 990 (2021)

13420315 788028 14460.3AU01

33

Total liabilities and net assets/fund balances

4,120,297.

33

4,279,071.

Form 990 (2021)

- orm 990 ((2021)		APACHE	SOFTWARE	FOUNDATION
Part X	Bala	ance Sheet			

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 2,337,806. 1,072,792. 1 1 Cash - non-interest-bearing 3,022,605. 1,941,265. Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 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 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 24,900. 0. Other assets. See Part IV, line 11 15 15 4,120,297. 4,279,071. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 2,064. 3,310 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 2,064. 3,310. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 3,697,714. 3,585,254. 27 27 Net assets without donor restrictions Net assets with donor restrictions 532,979. 578,047. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 4,118,233. 4,275,761. Total net assets or fund balances 32 32

Form	1990 (2021) APACHE SOFTWARE FOUNDATION	47-08	25376	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,765		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,548		
3	Revenue less expenses. Subtract line 2 from line 1	3	216	5,2'	74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,118		
5	Net unrealized gains (losses) on investments	5	-58	<u>3,74</u>	46.
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	4,275	5,70	<u>61.</u>
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 on Schedule	0.			
2a			2 a		<u>X</u>
	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?		2 b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3 a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	000	

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

Name of	f the	organization
---------	-------	--------------

Nam	e of 1	the organization							dentification number		
				E FOUNDATION					7-0825376		
Pa		Reason for Public (ee instruction	S.			
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	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 sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	ii).				
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	llege or university owned	d or operat	ed by a go	overnmental ur	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7		An organization that norma	lly receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from th	e general j	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
		university:				-		_			
10	X	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	oort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	s support f	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a		vely to test for public sa	fety. See	section 50	09(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	or section	509(a)(2).	See section 5	509(a)(3). (Check the box on		
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	n majority c	of the direc	tors or trustee	es of the su	upporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it:	s supporte	ed organization	n(s), by hav	ving		
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,		
		its supported organization	n(s) (see instructions)). You must complete	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally		-				ted organiz	zation(s)		
		that is not functionally int						-			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .				
е		Check this box if the orga	-	-				II, Type III			
		functionally integrated, or									
f	Ente	er the number of supported c	organizations								
g	Prov	vide the following informatior	about the supporte	d organization(s).							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of		(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)		
Tota	I I						1				

Schedule A	Form	990)	202
		000,	202

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
~	column (f)						
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(a) 2010	(4) 0000	(a) 2021	
		(a) 2017	6102 (d)	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4 Gross income from interest,						
0							
	dividends, payments received on						
	securities loans, rents, royalties,						
0	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	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 th	•	,			· · · · ·	
	organization, check this box and stop	0	, , ,	,	,		
See	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2021. If the o						ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2021. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	ere. Explain in Parl	VI how the organi	zation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a p	ublicly supported of	organization		
b	10% -facts-and-circumstances test	- 2020. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►
						Schedule A	(Form 990) 2021

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.)

Section A. Public Support (b) 2018 (c) 2019 (d) 2020 Calendar year (or fiscal year beginning in) (a) 2017 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1746880.10846412. 2640369 2334957. 2048910. 2075296. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 274,666. 192,191. 14,042. 525,199. 33,100. 11,200. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 2089338. 1758080.11371611. 2673469. 2609623. 2241101. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 494,222. 600,000. 406,200. 1592882. 250,000. 3343304. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Ο. c Add lines 7a and 7b 1592882. 250,000. 494,222. 600,000. 406,200. 3343304 8028307 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 2673469. 2241101 2609623. 2089338 1758080.11371611. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 7,941. 17,902. 20,854. 12,308. 7,103. 66,108. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 7,941 17,902. 20,854. 12,308. 7,103. 66,108. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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 16,648. 6,010. 22,658. assets (Explain in Part VI.) 2633535. 2698058. 2261955. 2101646. 1765183.11460377. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 70.05 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 70.50 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .58 17 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) % .61 18 18 Investment income percentage from 2020 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021 132023 01-04-22

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Yes No

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 APACHE SOFTWARE FOUNDATION

1

2

1

Yes No

Pa	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 on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11k		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 110		
Sec	ion B. Type I Supporting Organizations		
		Yes	No
1	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.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

supervised		supporting orga	anization.
Section C. T	pe II Support	ting Organiz	ations

1 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 the supported organization(s)*

Section D.	. All Type III	I 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			
	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used t	to satisfy the I	ntegral Part Test	during the vear	(see instructions).
-			megrari art rest	auning the year	(

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental en	tity (see instruction <u>s).</u>
---	--	---------------------------------------------------	-------------------------	---------------------------------	----------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported 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.
- b Did the activities described on 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

Schedule A (Form 990) 2021

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1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	e Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
	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-function	ally integrat	ted Type III supporting orga	nization (see
		,		N Contraction of the second seco

instructions).

Schedule A (Form 990) 2021

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APACHE SOFTWARE FOUNDATION Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Amount for 2021 1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017

APACHE SOFTWARE FOUNDATION

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

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Current Year

(iii)

Distributable

Schedule A (Form 990) 2021

1

2

3

4

5

6 7

8 9

10

(ii)

Underdistributions

Pre-2021

accomplish exempt purposes		
	accomplish exempt purposes	

(i)

Excess Distributions

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

2

3

4

7

8

9

Section D - Distributions

1 Amounts paid to supported organizations to

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Section E - Distribution Allocations (see instructions)

10 Line 8 amount divided by line 9 amount

organizations, in excess of income from activity

6 Other distributions (describe in Part VI). See instructions.

Distributable amount for 2021 from Section C, line 6

Total annual distributions. Add lines 1 through 6.

Schedule A	(Form 990) 2	021					FOUNDA				47-082537	6 Page 8
Part VI	Part IV, Sec line 1; Part Section D, I	ction A, li IV, Secti lines 5, 6	ines 1, 2, 3 ion D, lines	3b, 3c, 4b s 2 and 3;	, 4c, 5a, Part IV,	6, 9a, 9b, Section E,	9c, 11a, 11b lines 1c, 2a,	, and 110 2b, 3a, a	c; Part IV, Se and 3b; Part	ection B, lines 1 V, line 1; Part \	r 17b; Part III, line 12 I and 2; Part IV, Sect V, Section B, line 1e; nal information.	ion C,
	(See instruc	ctions.)										
SCHEDU	JLE A, 1	PART	III,	LINE	12,	EXPLA	NATION	FOR	OTHER	INCOME:		
OTHER	INCOME											
2017 A	AMOUNT :	\$	16,64	48.								
2018 A	MOUNT :	\$	6,010	0.								
											Schedule A (For	

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the areasi---

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

47-0825376	
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vame of the organization	1	
	APACHE	

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust 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

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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), 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 \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Employer identification number

47-0825376

APACHE SOFTWARE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,200.	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
2		\$ <u>25,000.</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
3		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>39,667.</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>55,950.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	spac	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
7		\$_	5,700.	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_		\$_	55,600.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
9		\$_	25,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$_	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_	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
12		\$_	7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$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
14		\$25,000.	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
15		\$281,200.	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
16		\$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
17_		\$ <u>10,000.</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
18		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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Employer identification number

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APACHE SOFTWARE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 19</u>		\$ <u>70,000.</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
20		\$ <u>32,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>25,000.</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
22		\$ <u>125,000.</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
23		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

13420315 788028 14460.3AU01

Employer identification number

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47-0825376

APACHE SOFTWARE FOUNDATION

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

Schedule B (Form 990) (2021)

Page **2**

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Employer identification number

47-0825376

APACHE SOFTWARE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>29,000.</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
32		\$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
33		\$ <u>50,000.</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
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		\$9,100.	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
36		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Employer identification number

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47-0825376

APACHE SOFTWARE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37_		\$ <u>25,000.</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
38		\$ <u>25,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 39</u>		\$ <u> </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
40		\$ <u>125,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$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
42		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Employer identification number

47-0825376

APACHE SOFTWARE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$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
		\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-11	~	\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Schedule B (I	⁻ orm 990)	(2021)
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Page 3

Employer identification number

47-0825376

APACHE SOFTWARE FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part 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. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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Page **4**

Itom any one contributor. Complete columns (a) through (e) and the tolowing line entry. For organizations completing that the the table solution of the solution of a \$1,000 or less to the year. (filter the integet of a solution of the solutis the solution of the solution of the solutio	ame of org	ganization			Employer identification number				
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rom lart 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held									
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Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	—								
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee									
			(e) Transfer of gift						
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154 11-11-21 Schodule B (Earm 000) (2)	F								
54 11-11-21 Schodule B (Form 000) (2)									
154 11-11-21 Schedule B (Form 000) (2)									
SCHOOLE REAL AND A	3454 11 11 0	21			Schedule B (Earm 000) (00				

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Name of the organization					Employer identif	ication number
APACHE SOFTWARE	FOUNDAT	TON			47-082537	6
Part I General Infor	mation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answered "Y	es" on
Form 990, Part IV				-		
-	0		ds to substantiate the amount of its gra		·	
the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis		Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance outsi	ide the
United States.				3		
			an be duplicated if additional space is r			1
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to		e specific type	for and
	_	contractors in the region	recipients located in the region)	of service	(s) in the region	investments in the region
		<u>y</u>				
						56.010
NORTH AMERICA	0	1	PROGRAM SERVICES	INFRASTRUCT	URE SERVICES	56,912.
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	INFRASTRUCT	URE SERVICES	76,966.
EAST ASIA AND THE						
PACIFIC	0	1	PROGRAM SERVICES	INFRASTRUCT	URE SERVICES	130,584.
						264.462
3 a Subtotal b Total from continuation	0	3				264,462.
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	3				264,462.

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.

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

132071 12-20-21

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Schedule F (Form 990) 2021

OMB No. 1545-0047

Open to Public

Inspection

Page 2		"- "M						2021
Pa	any	(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2021
	the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any additional space is needed.	(h) Description of noncash assistance						Schedt
47-0825376	"Yes" on Form 9	(g) Amount of noncash assistance						
47-08	janization answered	(f) Manner of cash disbursement					ecognized as a tax valency letter	
	complete if the org ded.	(e) Amount of cash grant					foreign country, re tion 501(c)(3) equi	
FOUNDATION	Grants and Other Assistance to Organizations or Entities Outside the United States. Comp recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	(d) Purpose of grant					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	
SOFTWARE	Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	(c) Region					s listed above that are re- for which the grantee or	entities
APACHE	r Assistance to Orga eived more than \$5,00	(b) IRS code section and EIN (if applicable)					ecipient organizations nization by the IRS, or	other organizations or
Schedule F (Form 990) 2021	Part II Grants and Othe recipient who rec	1 (a) Name of organization						3 Enter total number of other organizations or entities

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Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2021
	V, line 16.	(g) Description of noncash assistance					Sched
47-0825376	n Form 990, Part I	(f) Amount of noncash assistance					-
47	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	(e) Manner of cash disbursement					
ATION		(d) Amount of cash grant					
RE FOUNDATION	e the United Sta ⁻ d.	(c) Number of recipients					
APACHE SOFTWARE	e to Individuals Outsid	(b) Region					
Schedule F (Form 990) 2021	Part III Grants and Other Assistance to Individuals Outside the United States. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

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

Schedule F (Form 990) 2021

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	(Form 990) 2021			FOUNDATION
Part V	Supplementa	al Informatio	on	

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

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132075 12-20-21 Schedule F (Form 990) 2021			
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	132075 12-20-21	38	Schedule F (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



47-0825376

APACHE SOFTWARE FOUNDATION

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 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

POTENTIAL CONFLICTS OF INTEREST. IN THE EVENT A CONFLICT OF INTEREST

EXISTS, THE MEMBER WITH A CONFLICT OF INTEREST RECUSES THEMSELVES FROM ANY

VOTE INVOLVING THE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIALS STATEMENTS AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021 Name of the organization	Employer identification number
APACHE SOFTWARE FOUNDATION	47-0825376
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	204,285.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	102,372.
TOTAL EXPENSES	306,657.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	306,657.
132212 11-11-21	Schedule O (Form 990) 20