Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

the Treasury numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

<u>A</u>	For the 2	015 cale	ndar year, or tax year beginning 01/01 , 2015, and ending	12/:	31	, 20 15						
В	Check if ap	oplicable:	C Name of organization SOFTWARE IN THE PUBLIC INTEREST INC	I	D Employ	er identification n	umber					
	Address ch	nange	Doing business as			11-3390208						
	Name char	nae	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	e E	Telepho	ne number						
	Initial return	-	PO Box 501248			317-455-5689						
	Final return/		City or town, state or province, country, and ZIP or foreign postal code									
$\overline{\Box}$	Amended r		Indianapolis, IN, 46250-6248	l	Gross re	eceipts \$	351,443					
$\overline{\Box}$			F Name and address of principal officer: Michael Schultheiss			•	No					
	προιοατίοι	ı	PO Box 501248, Indianapolis, IN 46250-6248	I		s included? Yes	_					
_	Tay ayamr	•	✓ 501(c)(3)			ee instructions)	, LINO					
	Tax-exemp			H(c) Group e								
_			w.spi-inc.org ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formatic				NIV					
	art I			n: 1997	IVI State	of legal domicile:	NY					
		Summ	<u> </u>			("05")						
•												
Governance			rofit organization which was founded to help organizations develop and dist	ribute open h	nardware	e and software.	SPI					
'na			ed on Schedule O, Statement 1)									
Š			is box ▶ ☐ if the organization discontinued its operations or disposed of		1 1	its net assets.						
			of voting members of the governing body (Part VI, line 1a)		3		9					
≪ ഗ			of independent voting members of the governing body (Part VI, line 1b)		4		9					
ij	5 T	otal nun	mber of individuals employed in calendar year 2015 (Part V, line 2a) .		5		0					
Activities &	6 T	otal nun	mber of volunteers (estimate if necessary)		6		1,500					
Ac	7a T	otal unre	elated business revenue from Part VIII, column (C), line 12		7a		0					
	b N	let unrel	lated business taxable income from Form 990-T, line 34		7b		0					
				Prior Yea	ır	Current Y	ear					
Revenue	8 C	Contribut	tions and grants (Part VIII, line 1h)	:	378,908		351,109					
			service revenue (Part VIII, line 2g)		0		0					
			ent income (Part VIII, column (A), lines 3, 4, and 7d)		385		334					
ď			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0					
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		379,293		351,443					
_			nd similar amounts paid (Part IX, column (A), lines 1–3)		18,150		40,000					
			paid to or for members (Part IX, column (A), line 4)		0		0					
		-	other compensation, employee benefits (Part IX, column (A), lines 5–10)		0		0					
Expenses			onal fundraising fees (Part IX, column (A), line 11e)		0		0					
en					U		U					
Ä			- · · · · · · · · · · · · · · · · · · ·		0/0.754		450.444					
			penses (Part IX, column (A), lines 11a–11d, 11f–24e)		268,751		153,146					
		-	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		286,901		193,146					
		revenue	less expenses. Subtract line 18 from line 12	eginning of Curi	92,392	End of Ye	158,297					
Net Assets or Fund Balances			_			Elia di Te						
Sset	20 T		ets (Part X, line 16)	-	678,319		836,616					
Ind	21 T		illities (Part X, line 26)		0		0					
			ts or fund balances. Subtract line 21 from line 20		678,319		836,616					
Pá	art II	Signat	ture Block									
			rry, I declare that I have examined this return, including accompanying schedules and statem			my knowledge and	d belief, it is					
-tru	e, correct, a	and compr	lete. Declaration of preparer (other than officer) is based on all information of which preparer h	las ariy kriowie	uge.							
٠.												
Sig		Signa	ature of officer	Date)							
He	re		chael Schultheiss, Treasurer									
		Туре	e or print name and title									
Pa	id	Print/Typ	pe preparer's name Preparer's signature Date	•	Check	if PTIN						
	eparer				self-em							
	eparer e Only	Firm's n	iame ►	Firm's	s EIN ▶							
US	e Offig		nddress ▶	Phon								
Ма	y the IRS		s this return with the preparer shown above? (see instructions)			<u> </u> Ye:	s 🗌 No					

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Part				_
		a response or note to any line in this F	Part III	<u> </u>
1	Briefly describe the organization's mis			
		Pl") is a not-for-profit organization which v		
		SPI encourages programmers to use the		
		software, and hardware developers to dis	stribute documentation that will allow	w device
2	drivers to be written for their product.	gnificant program services during the y	oar which were not listed on the	
2		gnilicant program services during the y		□Ves ☑Ne
	If "Yes," describe these new services			☐ Yes ✓ No
3	•	on schedule O. ing, or make significant changes in I	how it conducts any program	
Ū				☐ Yes 🕝 No
	If "Yes," describe these changes on S			□ res 🕑 No
4		service accomplishments for each of its	s three largest program convices	as magsurad by
4		c)(4) organizations are required to repo		
	the total expenses, and revenue, if any		it the amount of grants and alloce	ations to others,
		,,		
4a	(Code:) (Expenses \$	77,419 including grants of \$	0) (Revenue \$	0)
		orship for people working in the area of o		
4b	(Code:) (Expenses \$	40 000 including grants of \$	0) (Revenue \$	0)
40	The experience makes greate to E01(e)	40,000 including grants of \$	υ) (nevertue φ	
	The organization makes grants to 50 fc	(3) organizations with similar missions.		
4-	(Code) \(\(\(\Gamma \) \(\Gamma \)	as (70 including areats of the	0) (Doyers of	
4c		35,670 including grants of \$	0) (Revenue \$	0)
		for people working in the area of open so		e paid for by
	unincorporated entities which rely on tr	e organization for planning, support, and	technical assistance.	
		1.11.0		
4d		chedule O.) See Schedule O, Statement		
	(Expenses \$ 40,057 including		0)	
4e	Total program service expenses ▶	193,146		

Part	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	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	v	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
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		_
	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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		,
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		_
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i> .	11e		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		,
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		,
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		,
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		,
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		,

Part	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
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	_	
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		_
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		~
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		~
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		~
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		,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV </i>	28a 28b		\(\triangle \)
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		_
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		'
31	conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		V
32	Part I	31		\(\tau \)
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		,
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	_	-

F 00				_
Part	V Statements Regarding Other IRS Filings and Tax Compliance			Page
rart	Check if Schedule O contains a response or note to any line in this Part V			г
	Office if Schedule O contains a response of flote to any line in this Part V	<u> </u>	Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		₩
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		+
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		_
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
L		7a		~
b C	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		+
C	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		Ť
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
	GIOGG INCOMO NOTIL OLITE GOGLOGG LDO NOL NEL ANTOUNILG UUC OL DAIU LO OLITE GOULGES 📗 📗			

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

Is the organization licensed to issue qualified health plans in more than one state?

the organization is licensed to issue qualified health plans

Section 501(c)(29) qualified nonprofit health insurance issuers.

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

12a

13

12a

13a

14a

14b

13b

13c

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 ~ Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a ~ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ~ 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a ~ b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: > Michael C Schultheiss, (317)455-5689

Part VI

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ated any currer	t officer, directo	r, or trustee.
		(C)								
(A)	(B)	(do n	not ch		ition more	e than o	one	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	is both	n an	Reportable	Reportable	Estimated
	hours per week (list any		officer and a director/trustee				compensation from	compensation from related	amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Robert Brockway	1									
Director	0	~						0	0	0
Joshua D Drake	1									
Director	0	~						0	0	0
Dimitri John Ledkov	1									
Director		~						0	0	0
Gregers Petersen	1									
Director	0	~						0	0	0
Martin Zobel-Helas	1									
Director	0	~						0	0	0
A D Barksdale Garbee II	5									
President	0			~				0	0	0
Joerg Jaspert	5									
Vice President	0			~				0	0	0
Martin Michlmayr	5									
Secretary	0			~				0	0	0
Michael Schultheiss	5									
Treasurer	0			~				0	0	0

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees		nd F	lighe	st C	ompensated E	mployees (con	tinued,)		
	(A) Name and title	(B) Average hours per	erage box, unless person is b					n an	(D) Reportable compensation	(E) Reportable compensation from	n	Estir amo	F) nated unt of	
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)		compe fron organ and r	her Insation In the Ization elated zations	
1b	Sub-total			•				>	0		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio						▶	0		0			0
2	Total number of individuals (including bur reportable compensation from the organ	t not limited	d to th		e list	ted	above	e) w		1				
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc	tor, c					emp	oloyee, or high	nest compensa	ted	3	Yes	No 🗸
4	For any individual listed on line 1a, is the organization and related organizations individual											4		~
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or individ	lual	5		<u>,</u>
Section	on B. Independent Contractors								<u> </u>			-		
1	Complete this table for your five highest compensation from the organization. Repyear.												n's ta	ıx
	(A) Name and business add	dress							(B) Description of s	ervices	Cor	(C)	ation	
None														
	Total number of independent contractor	ors (includir	na bi	ıt n	ot	limit	ed to	th	nose listed abo	ove) who				

received more than \$100,000 of compensation from the organization ▶

Total. Add lines 11a-11d.

Total revenue. See instructions.

12

Form 9	190 (201	5)						Page
Part	: VIII	Statement of Reve	nue					
		Check if Schedule O	contains a res	ponse or note to	any line in this (A) Total revenue	Part VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b	0				
s, G Am	С	Fundraising events .	1c	0				
Sift lar,	d	Related organizations	1d	0				
ini	е	Government grants (cont	ributions) 1e	0				
tion	f	All other contributions, gif						
the in		and similar amounts not inclu	uded above 1f	351,109				
d o	g	Noncash contributions include	ed in lines 1a-1f: \$	0				
<u>ဒ မ</u>	h	Total. Add lines 1a-1f		•	351,109			
e				Business Code				
Program Service Revenue	2a							
æ	b							
ξi	С							
Ser	d							
am	е							
ogi	f	All other program serv						
<u>~</u>	g	Total. Add lines 2a-2f		▶	0			
	3	Investment income (i	•					
		and other similar amou		⊢	334	334	0	C
	4	Income from investment	-	· · · · · · · · · · · · · · · · · · ·	0	0	0	C
	5	Royalties	(2) D1		0	0	0	C
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	C .	Rental income or (loss)	. 0	0				
	d	Net rental income or (l						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses .						
	С	Gain or (loss)	0	0				
	d	Net gain or (loss) .		▶				
Other Revenue	8a	Gross income from fur events (not including \$	0					
er Re		of contributions reported See Part IV, line 18	,					
돺	b	Less: direct expenses	b					
•	С	Net income or (loss) from	om fundraising	events . ►				
	9a	Gross income from gar See Part IV, line 19 .						
	b	Less: direct expenses						
		Net income or (loss) from		vities ▶				
		Gross sales of invertures and allowance	ventory, less					
	b	Less: cost of goods so	old b					
	С	Net income or (loss) from		entory ►				
		Miscellaneous Re	evenue	Business Code				
	11a							
	b							
	С							
		All other revenue		[

0

334

351,443

0

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any lin	e in this Part IX .		<u> </u>
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , 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	40,000	40,000		
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$.				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a b	Management				
C	Accounting	20,480	20,480		
d	Lobbying	20,400	20,400		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	13,489	13,489		
15	Royalties				
16	Occupancy				
17 18	Travel	77,419	77,419		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	35,670	35,670		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Expense reimbursement	6,088	6,088	0	0
b					
С					-
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	193,146	193,146	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	rt X		. 🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	269,182	1	220,750
	2	Savings and temporary cash investments	409,137	2	615,866
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
S	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	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	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	678,319	16	836,616
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19 20	
	20 21	Tax-exempt bond liabilities		21	
"		Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors,		21	
Liabilities	22	trustees, key employees, highest compensated employees, and			
jab		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		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			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
seo		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	678,319	27	836,616
Bal	28	Temporarily restricted net assets	0	28	0
pu	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ţs (30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	678,319	33	836,616
	34	Total liabilities and net assets/fund balances	678,319	34	836,616

Form 990 (2015) Page **12**

Part	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		35	1,443
2	Total expenses (must equal Part IX, column (A), line 25)	2		193	3,146
3	Revenue less expenses. Subtract line 2 from line 1	3		158	8,297
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		678	8,319
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		836	6,616
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	olain II	n		
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		~
Za	If "Yes," check a box below to indicate whether the financial statements for the year were comp				
	reviewed on a separate basis, consolidated basis, or both:)ou 0			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		~
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a			
	separate 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 over	ersigh	ıt		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain iı	n		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n		
	the Single Audit Act and OMB Circular A-133?		. 3a		'
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		e		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Forr	n 990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Т

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization					Employer identification	number
	WARE IN THE PUBLIC INTEREST I						90208
Par						<u> </u>	ns.
The o	rganization is not a private found		,		-	,	
1	A church, convention of church						
2	A school described in section		•				
3	A hospital or a cooperative ho	•					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	A medical research organization hospital's name, city, and state	•	onjunction with a nosp	oitai desc	ribea in s	section 170(b)(1)(A)	III). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described ir
_		•		: .	470/b)	(4)/A)/-3	
	☐ A federal, state, or local gover☑ An organization that normally						the general public
	described in section 170(b)(1	(A)(vi). (Complet	te Part II.)	-	i a gover	Timental unit of from	i the general public
8	A community trust described						
9	☐ An organization that normally	, ,					
	receipts from activities relate						
	support from gross investme acquired by the organization a						x) from businesses
40	, ,		•		•	*	
10 11	☐ An organization organized and☐ An organization organized and	-		-			out the purposes of
•••	one or more publicly supporte						
	the box in lines 11a through 11	•					
а	☐ Type I . A supporting organiz			_		•	=
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.						
b	☐ Type II . A supporting organi	zation supervise	d or controlled in con	nection w	ith its su	pported organization	n(s), by having
	control or management of the	ne supporting org	ganization vested in th	e same p	ersons tl	nat control or manag	e the supported
	organization(s). You must c	omplete Part IV	, Sections A and C.				
С	□ Type III functionally integrated its supported organization(s)						y integrated with,
d	☐ Type III non-functionally in						
	that is not functionally integ						an attentiveness
	requirement (see instruction	-	-				
е	Check this box if the organized functionally integrated, or Ty					,, ,,,	I, Type III
f	Enter the number of supported	organizations .					
g	Provide the following information	n about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1–9 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,
				Yes	No		
(A)							
(B)							
(0)							
(C)							
(D)							
(E)							
Total							

18

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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 **(e)** 2015 (f) Total contributions, 1 grants, membership fees received. (Do not include any "unusual grants.") . . . 378,908 218,046 293,120 401,577 351,109 1,642,760 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 Total. Add lines 1 through 3. . . . 4 218,046 293,120 401,577 378,908 351,109 1,642,760 5 The portion of total contributions by each person (other than 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. 1,642,760 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 218,046 351,109 293,120 401,577 378,908 1,642,760 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 275 424 385 110 334 1,528 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 O 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 0 0 0 0 **Total support.** Add lines 7 through 10 11 1,644,288 12 0 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f) % 14 99.91 Public support percentage from 2014 Schedule A, Part II, line 14 15 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ~ 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

	if the organization fails to qualify	under the te	ests listed belo	ow, piease co	omplete Part	11.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or 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						
3	furnished by a governmental unit to the						
	organization without charge						
^	· ·						
6	Total. Add lines 1 through 5		-				
7a	Amounts included on lines 1, 2, and 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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		+				
13	and 12.)						
14	First five years. If the Form 990 is for the	o organization	a's first sooon	d third fourth	or fifth tax w	or as a soction	D 501(a)(3)
14	organization, check this box and stop he	J					(, (,
Sooti	on C. Computation of Public Suppor			<u></u>	<u> </u>	<u> </u>	
15	Public support percentage for 2015 (line 8			2 oolumn (f))		15	%
	Public support percentage for 2013 (line of Public support percentage from 2014 Sci		-			16	
16 Secti	on D. Computation of Investment In					10	70
17	Investment income percentage for 2015 (v line 13 colu	mn (f))	17	%
18	Investment income percentage for 2013 (-			
	33 ¹ / ₃ % support tests—2015. If the organ						
19a	17 is not more than 33 ¹ / ₃ %, check this box						
		-	_	-		_	_
b	331/3% support tests – 2014. If the organization 18 is not more than 331/3% shock this						
	line 18 is not more than 33½%, check this	_	=	-			_
20	Private foundation. If the organization di	u not cneck a	box on line 14	. 19a. or 19b. (CHECK THIS DOX	and see instru	ctions ► □

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

,,,,	on 7 in Cupporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).			
		5a		
D	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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	ıva		
	determine whether the every institute and every business buildings.	406		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	71 11 0 0		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees 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).	1		
Section	on D. All Type III 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 in (2), did the organization's supported organizations have a			
3	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	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ctions	e).
		iistiu	CHOIR	3).
a	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i> ☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
b c	The organization is the parent of each of its supported organizations. <i>Complete line's below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see the organization is the parent of each of its supported organizations.</i>	oo ins	tructi	onel
U		ou ii is		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.	OL		
2	•	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> . Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-in	tegrated Type III support	ing organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish e	exempt purposes						
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted					
	organizations, in excess of income from activity							
3_	Administrative expenses paid to accomplish exempt purp	nizations						
	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
<u>6</u>	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.							
		h tha avancination is was						
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	porisive					
9	Distributable amount for 2015 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
	and a different different specific and a specific a	<i>(</i> 2)	(ii)	(iii)				
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015				
1	Distributable amount for 2015 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2015							
	(reasonable cause required-see instructions)							
	Excess distributions carryover, if any, to 2015:							
a								
<u>b</u>								
d	From 2013							
e	From 2013							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
— b	Applied to 2015 distributable amount							
i	Carryover from 2010 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2015 from Section							
	D, line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2015 distributable amount							
C	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2015, if							
	any. Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).							
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see							
	instructions).							
7	Excess distributions carryover to 2016. Add lines 3							
-	and 4c.							
8	Breakdown of line 7:							
a								
b								
С	Excess from 2013							
d	Excess from 2014							
е	Excess from 2015							

Part VI	Ill, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

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

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

SOFTWARE IN THE PUBLIC INTEREST	INC						11-3390208
Part I General Information o	n Grants and	Assistance					
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	vard the grants	or assistance?				-	
	istance to Do	mestic Organiz	zations and Don	nestic Governm	nents. Complete if		answered "Yes" on Form ded.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 5 3 Enter total number of other org							>

Schedule I (Form 990) (2015) Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other) 3 5 6 Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Schedule I, Part I, Line 2 - The organization provides grants to 501c3 organizations with similar missions.

Schedule I, Part IV, Statement 1

SOFTWARE IN THE PUBLIC INTEREST INC 11-3390208

Form: Schedule I

Page: 1

Line Number: Part II

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	Haskell-org Inc	47-5236502	30,000	0
	434 E 72ND ST APT 4B			
	NEW YORK, NY 10021-4632			
IRC code section	501(c) 3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Initial funding of Haskell.org, Inc.			
Name and address	Software Freedom Conservancy	41-2203632	10,000	0
	137 Montague St Ste 380			
	Brooklyn, NY 11201-3548			
IRC code section	501(c) 3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Support for not-for-profit accounting project			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

SOFTWARE IN THE PUBLIC INTEREST INC	11-3390208
Form 990, Part VI, Section A, Line 6 - Membership in Software in the Public Interest, Inc is open to any	person who has made significant
contributions to the free software community, as determined by the membership committee.	
Form 990, Part VI, Section A, Line 7a - The members of Software in the Public Interest, Inc elect its Bo	ard of Directors
Form 990, Part VI, Section B, Line 11b - No review process is currently in place.	
Form 990, Part VI, Section B, Line 12c - Officers and directors are required to file conflict of interest st	atements with the Secretary annually
Changes to conflicts are required to be reported to the secretary when they occur.	atements with the Secretary annually.
onunges to serimos are required to be reported to the secretary when they cook.	
Form 990, Part VI, Section C, Line 19 - The organization's governing documents and policies are available.	able on its website.

Schedule O, Statement 1

SOFTWARE IN THE PUBLIC INTEREST INC 11-3390208

Form: 990 Page: 1

Line Number: Part I Line 1

Activity Or Mission Description

Description

encourages programmers to use the GNU General Public License or other licenses that allow free redistribution and use of software, and hardware developers to distribute documentation that will allow device drivers to be written for their product.

Page: 1

SOFTWARE IN THE PUBLIC INTEREST INC 11-3390208

Form: 990 Page: 2

Line Number: Part III Line 4d

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	The organization contracts for legal and accounting services on behalf of its affiliated projects.	20,480	0	0
	The organization provides computer server hosting for its associated unincorporated entities.	13,489	0	0
	The organization provides reimbursement for miscellaneous expenses related to its mission.	6,088	0	0
Total:		40.057	0	0