### Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

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

Α	For the	2018 calen	dar year, or tax	year begi	nning		, 20	)18, an	d endir	ng		,		
В	Check if a	pplicable:	С								D Employ	er identifi	ication number	
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	-	I return	NEW YORK,								929	-341-	0248	
	Final r	return/terminated	·											
	Amer	nded return	_							T	<b>G</b> Gross r			
	Appli	ication pending	F Name and addr	ess of princip	al officer: MIC	CHAEL SCHU	LTHEISS			H(a) Is this a				X No
			C/O SOFTWARE	IN THE	PUBLIC IN	NT NEW YOR	K, NY 10	128		H(b) Are all If "No,"	subordinates	included:	? Yes	No
I	Tax-exe	empt status:	X 501(c)(3)	501(c) (	)◀ (	(insert no.)	4947(a)(1	) or	527	1,		. (		
J	Webs	ite: ► WW	W.SPI-INC.	ORG					•	H(c) Group	exemption n	umber -		
K	Form of	f organization:	X Corporation	Trust	Association	Other ►		L Year	of format	tion: 199			gal domicile: NY	<del></del>
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~			d business taxab									7b		0.
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	8 Contributions and grants (Part VIII, line 1h)									635,0	000			
ne	9 Program service revenue (Part VIII, line 2g)								033,0	109.	1,435	,236.		
Revenue	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)								303.	20	383.			
ş			e (Part VIII, colu			-						503.		303.
_			e (Fart VIII, cont e – add lines 8								COF	112	1 462	710
			imilar amounts								635,3		1,463	<u>, /19.</u>
				-			-				25,0	153.		
			aid to or for members (Part IX, column (A), line 4)											
ø	<b>15</b> S		er compensation, employee benefits (Part IX, column (A), lines 5-10)											
Expenses	<b>16a</b> Pi	rofessional	onal fundraising fees (Part IX, column (A), line 11e)											
ē	<b>b</b> To	otal fundrais	sing expenses (l	Part IX, co	olumn (D), li	ne 25) ►								
ŭ	<b>17</b> 0		ses (Part IX, col							587,888.			305	,055.
			es. Add lines 13											
			s expenses. Sub								612,9			<u>, 055.</u>
	1	evenue iess	s expenses. Sub	tract line	18 HOITI IIIIe	12				_	22,3		1,078	
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3set	20 To		(Part X, line 16) es (Part X, line 2								,083,2		2,161	
Net Assets Fund Balanc	<b>21</b> ⊤o		,	,								0.		0.
			fund balances.	Subtract	line 21 from	line 20				1	,083,2	242.	2,161	<u>,906.</u>
Pa	art II	Signatur	e Block											
Und	er penalties	s of perjury, I de	eclare that I have exa arer (other than office	mined this re	turn, including a	ccompanying so	hedules and s	statemen	ts, and to	the best of m	y knowledge	and belie	f, it is true, correct	, and
com	plete. Decla	aration of prepa	arer (other than office	r) is based or	n all information	of which prepar	er has any kn	owledge.						
		<b></b>												
Sig	n	Signatu	ire of officer							Da	te			
He	re													
		Type or	print name and title											
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US	e Only	Firm's addre	-		ENUE SUITE	602					Firm's EIN	20-4	1769566	
				K, NY 10							Phone no.	(212)		
Ма	y the IRS	S discuss th	nis return with th	e prepare	r shown abo	ove? (see in	structions)						X Yes	No

Par	t III	Statement of Program Service Accomplishments Chack if Sahadula O centains a recognise or note to any line in this Best III			X
1	Briefly	Check if Schedule O contains a response or note to any line in this Part III			A
		ACCURDING A			
		SCHEDULE O			
2		ne organization undertake any significant program services during the year which were not listed on the prior			
		990 or 990-EZ?	Yes	X	No
		he organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	Χ	No
3		is," describe these changes on Schedule O.	162	Λ	NO
4	Descr	ribe the organization's program service accomplishments for each of its three largest program services, as measur on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	ed by total e	exper expen	ises. ses,
	and re	revenue, if any, for each program service reported.			
Δa	(Code	e: ) (Expenses \$ 365,737. including grants of \$ ) (Revenue \$			
	•	ORGANIZATION PROVIDES ADMINISTRATIVE SERVICES TO MANY FREE AND OPEN SO	JRCE		—_′
		JECTS. THE ORGNIZATION PROVIDES FISCAL OVERSIGHT TO ENSURE THAT THESE F		ARE	 :
	SPE	NT IN A MANNER THAT ADVANCES THE PROJECT AND FITS WITH THE ORGANIZATION	MIS	SION	
	PRO	MOTE AND ADVANCE FREE AND OPEN SOURCE SOFTWARE.			
4 h	(Code	e: ) (Expenses \$ including grants of \$ ) (Revenue \$			)
	(				
1.0	(Code	e: ) (Expenses \$ including grants of \$ ) (Revenue \$			
70	(Oouc				—′
۷ ۸	Other	r program services (Describe in Schedule O.)			
+ u	(Expe			)	
4 e		program service expenses > 365,737.		,	

# Form 990 (2018) SOFTWARE IN THE PUBLIC INTEREST 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	Χ	
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 'Yes,' complete Schedule C, Part l</i>	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
k	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.	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
C	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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
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)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
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	X	
t	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
t	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		Х
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		X

# Form 990 (2018) SOFTWARE IN THE PUBLIC INTEREST Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		X
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
25	a 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		Х
!	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
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? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
	officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
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		Х
	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	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
1	Enter the number reported in Pay 2 of Form 1006. Enter 0, if not englished		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
'	(gambling) winnings to prize winners?	1 c		
BAA		Form	990	(2018)

Form 990 (2018) SOFTWARE IN THE PUBLIC INTEREST

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

			Yes	No
2 8	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 0			
t	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
2 :	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	a bit the organization have difference business gross income of \$1,000 of more during the year.  If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q	3 b		21
	a 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		Х
	o If 'Yes,' enter the name of the foreign country: ►	<del></del>		
<b>.</b>	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F -		Х
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 a 5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		21
	a 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?.	6 a		Х
	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
â	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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		
	Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:	30		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
ä	a Gross income from members or shareholders			
ŀ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ć	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	<b>Note.</b> 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 the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14-		Х
		14a		Λ
	a If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If 'Yes,' complete Form 4720, Schedule O.	16		Х

Form 990 (2018) SOFTWARE IN THE PUBLIC INTEREST 11-3390208 Page 6 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 9 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Χ Did the organization have members or stockholders?.... SEE .SCHEDULE .Q..... 6 Χ 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .. SEE. SCHEDULE. O. ...... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

NEW YORK NY 10128 929-341-0248

#20327

MICHAEL SCHULTHEISS 1732 1ST AVENUE,

### 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

- 1 a 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.

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

		(C)								
<b>(A)</b> Name and Title		Pos thar is	both dire	an o ector/	ot che unles officer /truste	eck moss pers and a ee)	ore	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JAMES KAPLOWITZ	5									
PRESIDENT	0	Χ		Χ				0.	0.	0.
(2) TIMOTHY POTTER	5									
SECRETARY	0	Х		Χ				0.	0.	0.
(3) ANDREW TRIDGELL	1									
DIRECTOR	0	Х						0.	0.	0.
(4) MARTIN ZOBEL-HELAS	5									
DIRECTOR	0	Χ						0.	0.	0.
_(5) MARTIN_MICHLMAYR	5							_		
DIRECTOR	0	Χ						0.	0.	0.
	5							_		
VICE PRESIDENT	0	Χ		X				0.	0.	0.
(7) MICHAEL SCHULTHEISS	5	.,						•	•	•
TREASURER	0	Χ		Χ				0.	0.	0.
(8) STEPHEN FROST	1							0	0	0
DIRECTOR	0	Х						0.	0.	0.
(9) DIMITRI JOHN LEDKOV	1	v						0	0	0
DIRECTOR (10)	0	Х						0.	0.	0.
(11)		-								
(12)										
(13)										
(14)										

Part VII   Section A. Officers, Directors, Tru		Key	Em	_	_	es,	and	d Highest Com	pensated Emp	loyees	(conti	inued)
	(B)			((	•							
(A)	Average hours	(do box	not o	Pos check ess pe	sition : more erson	than	one h an	<b>(D)</b> Reportable	<b>(E)</b> Reportable	_	(F) stimated	4
Name and title	per week	offic	cer ar	nd a	direct	or/trus	tee)	compensation from	compensation from related organizations	amo	unt of ot opensation	ther
	(list any hours	Individual or director	nstit	Officer	Key employee	empl High	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	f	rom the anizatio	
	for related	Individual trustee or director	ution	ď	emp	est c oyee	ner			an	d relate anization	d
	organiza - tions below	3 5	na tr		loye	omp						
	dotted line)	stee	Institutional trustee		()	Highest compensated employee						
	,		€13			ted						
(15)												
44.00												
(16)												
(17)												
		•										
(18)												
(19)												
(20)												
(20)												
(21)												
(22)	<del> </del>											
(23)												
(24)												
(05)												
(25)		•										
1 b Sub-total						<u> </u>	<b>&gt;</b>	0.	0.			0.
c Total from continuation sheets to Part VII, Secti	on A						<b>&gt;</b>	0.	0.			0.
d Total (add lines 1b and 1c).							<b>&gt;</b>	0.	0.			0.
2 Total number of individuals (including but not limited	I to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
from the organization • 0											V	NI-
2 5:11											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	ctor, or tru ch individu	istee, <i>ial</i>	key 	/ en	ıploy 	yee, 	or h	nighest compensa	ted employee	. 3		Х
<b>4</b> For any individual listed on line 1a, is the sum of	f reportab	le co	mne	ensa	ation	and	oth	er compensation	from			
<b>4</b> For any individual listed on line 1a, is the sum o the organization and related organizations greate such individual.	er than \$1	50,00	00?	If '	es,	com	nple	te Schedule J for		4		Х
5 Did any person listed on line 1a receive or accru												Λ
for services rendered to the organization? If 'Yes	s,' comple	te So	chea	dule	J fo	r suc	ch p	erson		. 5		Х
Section B. Independent Contractors									<b>#100.000</b>			
Complete this table for your five highest comper compensation from the organization. Report comper	isated indi isation for	epend the ca	deni alen	t coi dar	ntra year	endi	tna ng v	it received more ti vith or within the or	ganization's tax year			
(A) (B)							(	C)				
	ress							Description (	of services	Compe	ensatio	on
2 Total number of independent contractors (including		ited to	o tho	ose I	listed	d abo	ve)	who received more	than			
\$100,000 of compensation from the organization	<b>•</b> 0											

Part VIII Statement of Revenue
--------------------------------

		Check if Schedule O contains a resp	onse or note to any	line in this Part V	III		
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns 1 a  Membership dues 1 b  Fundraising events 1 c  Related organizations 1 d  Government grants (contributions) 1 e  All other contributions, gifts, grants, and similar amounts not included above 1 f  Noncash contributions included in lines 1a-1f: \$	1,435,100.				
S e	h	Total. Add lines 1a-1f		1,435,100.			
nue	_	-	Business Code				
eve	2a		900099	18,559.	18,559.		
Program Service Revenue	C		900099	9,677.	9,677.		
eινį	d						
m S	е						
gra	f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		28,236.			
	3	Investment income (including dividends other similar amounts)	bond proceeds	383.			383.
	5	Royalties					
	b	Gross rents  Less: rental expenses Rental income or (loss)	(ii) Personal				
		Net rental income or (loss)					
		Gross amount from sales of assets other than inventory	(ii) Other				
		Less: cost or other basis and sales expenses					
		Net gain or (loss)					
ənue	8 a	Gross income from fundraising events (not including \$					
Other Reven		of contributions reported on line 1c).	_				
er F	h	See Part IV, line 18					
Ě		Net income or (loss) from fundraising e					
)		Gross income from gaming activities. See Part IV, line 19					
		Less: direct expenses					
	С	Net income or (loss) from gaming activ	rities▶				
		Gross sales of inventory, less returns and allowances					
		Less: cost of goods sold					
		Miscellaneous Revenue	Business Code				
	11 a						
	b						
	С						
		All other revenue					
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,463,719.	28,236.	0.	383.

# Form 990 (2018) SOFTWARE IN THE PUBLIC INTEREST Part IX | Statement of Functional Expenses

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

Do i	Check if Schedule O contains a renot include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		олропооо	garrara expenses	
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	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	· ·	0.	0.	<u> </u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
ŀ	Legal				
(	: Accounting				
C	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	222,619.	207,277.	15,342.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		===,====	27,7327	
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).				
a	INFORMATION TECHNOLOGY	54,591.	54,425.	166.	
ŀ	SOFTWARE DEVELOPMENT & DESIGN	31,412.	31,412.		
(	INTERNSHIPS	24,786.	24,786.		
C	VENUE RENTAL	14,113.	14,113.		
•	All other expenses	37,534.	33,724.	3,810.	
25	Total functional expenses. Add lines 1 through 24e	385,055.	365,737.	19,318.	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 Part X	<u></u>	<u></u>	
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing	756,627.	1	1,076,486.
	2	Savings and temporary cash investments.	326,615.	2	1,085,420.
	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	
	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	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10 c	
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,083,242.	16	2,161,906.
	17	Accounts payable and accrued expenses	, ,	17	, ,
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 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.
es		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ŝ	27	Unrestricted net assets.	1,083,242.	27	399,082.
<u>a</u>	28	Temporarily restricted net assets	2,000,2121	28	1,762,824.
8	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
0	30	Capital stock or trust principal, or current funds		30	
Set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Asi	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances	1,083,242.	33	2,161,906.
z	34	Total liabilities and net assets/fund balances.	1,083,242.	34	2,161,906.
			=, ======		=,===,===.

	The state of the s	00302				
Pa	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	,46	3,7	19.
2	Total expenses (must equal Part IX, column (A), line 25).	2		38	5,0	55.
3	Revenue less expenses. Subtract line 2 from line 1		1	,07	8,6	64.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,08	3,2	42.
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	2	,16	1,9	06.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. П
					<b>Yes</b>	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
			_			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	nd on a				
	separate basis, consolidated basis, or both:	su on a				
	Separate basis Consolidated basis Both consolidated and separate basis					
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		1	2 b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	ate				
	basis, consolidated basis, or both:					
	X   Separate basis   Consolidated basis   Both consolidated and separate basis					
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit	,				
	review, or compilation of its financial statements and selection of an independent accountant?		:	2 c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
2	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single					
3	As a result of a redefar award, was the organization required to directly arradult of addits as set forth in the Single  Audit Act and OMB Circular A-133?			3 a		X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	lit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		
BAA	3 1			orm !	990 (	2018)

Form **990** (2018)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **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

2018

Open to Public Inspection

Name of the organization Employer identification number SOFTWARE IN THE PUBLIC INTEREST DBA: SPI 11-3390208 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

Page 2

#### 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.)

dar year (or fiscal year hing in)  iifts, grants, contributions, and nembership fees received. (Do not neclude any 'unusual grants.').  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or acilities furnished by a governmental unit to the organization without charge.  Fotal. Add lines 1 through 3  The portion of total contributions by each person other than a governmental unit or publicly supported organization) included on line 1 hat exceeds 2% of the amount shown on line 11, column (f).	(a) 2014 378, 908. 378, 908.	(b) 2015 351,109. 351,109.	(c) 2016 428, 087.	·	(e) 2018 1,444,778.	(f) Total  3,237,891.  0.  3,237,891.
nembership fees received. (Do not include any 'unusual grants.')				·		0.
organization's benefit and either paid to or expended on its behalf.  The value of services or acilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 3  The portion of total contributions by each person other than a governmental unit or publicly supported organization) included on line 1 hat exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 rom line 4.	378,908.	351,109.	428,087.	635,009.	1,444,778.	0.
acilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person other than a governmental unit or publicly supported organization) included on line 1 hat exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 rom line 4.	378,908.	351,109.	428,087.	635,009.	1,444,778.	
The portion of total contributions by each person other than a governmental unit or publicly supported organization) included on line 1 hat exceeds 2% of the amount shown on line 11, column (f)	378,908.	351,109.	428,087.	635,009.	1,444,778.	
rom line 4						438,376.
and D. Tadal Communic						2,799,515.
on B. Total Support		<u>.</u>				,
dar year (or fiscal year ning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
Amounts from line 4	378,908.	351,109.	428,087.	635,009.	1,444,778.	3,237,891.
Gross income from interest, dividends, payments received on securities loans, rents, oyalties, and income from similar sources	385.	343.	343.	303.	383.	1,757.
Net income from unrelated business activities, whether or not the business is regularly carried on					2020	0.
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
<b>Total support.</b> Add lines 7 hrough 10						3,239,648.
Gross receipts from related activ	ities, etc. (see ins	tructions)			12	18,559.
organization, check this box and	stop here		d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	▶
on C. Computation of Pul	blic Support P	ercentage				
						86.41 %
33-1/3% support test—2018. If the	he organization di	d not check the bo	ox on line 13. and	d line 14 is 33-1/3	S% or more, check	99.92 % this box
33-1/3% support test-2017. If th	e organization did	not check a box	on line 13 or 16a	, and line 15 is 3	3-1/3% or more, c	heck this box
or more, and if the organization	meets the 'facts-a	nd-circumstances	test, check this	box and stop her	e. Explain in Part	VI how
b 10%-facts-and-circumstances test—2017. 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 supported organization						
	dar year (or fiscal year ning in)   con B. Total Support  dar year (or fiscal year ning in)   consumption of the firm of the f	tublic support. Subtract line 5  on B. Total Support  dar year (or fiscal year ling in)  amounts from line 4  dross income from interest, ividends, payments received in securities loans, rents, oyalties, and income from imilar sources  det income from unrelated let usiness activities, whether or ot the business is regularly arried on.  Other income. Do not include ain or loss from the sale of apital assets (Explain in Part VI.)  oral support. Add lines 7  frough 10  cross receipts from related activities, etc. (see insignization, check this box and stop here.  on C. Computation of Public Support Public support percentage for 2018 (line 6, column public support percentage from 2017 Schedule A, 3-1/3% support test—2018. If the organization did and stop here. The organization qualifies as a public support percentage from 2017 Schedule A, 3-1/3% support test—2017. If the organization did and stop here. The organization qualifies as a public support percentage for 2018 (line 6, column qualifies as a public support test—2017. If the organization did and stop here. The organization meets the 'facts-and-circumstances test—2017. If the organization meets the 'facts-and-circumstances' test—2017. If the organization meets the 'facts-	The second secon	nat exceeds 2% of the amount hown on line 11, column (f).  Inablic support. Subtract line 5 orm Ilne 4	nat exceeds 2% of the amount hown on line 11, column (f).  Inubic support. Subtract line 5  In B. Total Support  In ary ear (or fiscal year ling in) - (a) 2014 (b) 2015 (c) 2016 (d) 2017  Immounts from line 4. 378, 908. 351, 109. 428, 087. 635, 009.  In a securities loans, rents, syalities, and income from interest, indends, payments received in securities loans, rents, syalities, and income from imiliar sources. 385. 343. 343. 343. 303.  Itel income from unrelated usiness activities, whether or of the business activities, whether or of the business is regularly arried on.  In art VI.).  In a support. Add lines 7 in a support. Add lines 8 in a support. Add lines 8 in a support. Add lines 9 in a support. Add lines 10 in a support. Add lines 11 in a support. Add lines 12 in a support. Add lines 12 in a support. Add lines 13 in a support. Add lines 14 in a support. Add lines 14 in a support. Add lines 15 in a support. Add lines 16 in a support. Add lines 17 in a support. Add lines 18 in a support. Add lines 19 in a support. Add lin	nate exceeds 2% of the amount hown on line 11, column (f).  Public support. Subtract line 5 orn in e4

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.)

Calendar  1 Galendar  2 G m por fu rea ta  3 G th or ei ei ei	year (or fiscal year beginning in) > hifts, grants, contributions, and membership fees eceived. (Do not include ny 'unusual grants.')	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1 Gan read read read read read read read read	sifts, grants, contributions, and membership fees eceived. (Do not include ny 'unusual grants.')	(a) 2014	(6) 2013	(0) 2010	(a) 2017	(6) 2010	(i) Total
2 G m po fu re ta 3 G th on ei	aross receipts from admissions, nerchandise sold or services erformed, or facilities urnished in any activity that is elated to the organization's ax-exempt purpose						
th or <b>4</b> Ta or ei	nat are not an unrelated trade r business under section 513. ax revenues levied for the rganization's benefit and ither paid to or expended on s behalfhe value of services or acilities furnished by a overnmental unit to the						
or ei	rganization's benefit and ither paid to or expended on s behalf						
	acilities furnished by a overnmental unit to the						
fa go							
<b>7a</b> A 2,	otal. Add lines 1 through 5 mounts included on lines 1, , and 3 received from isqualified persons.						
ai di ex 1°	mounts included on lines 2 nd 3 received from other than isqualified persons that xceed the greater of \$5,000 or % of the amount on line 13 or the year.						
c A	dd lines 7a and 7b						
70	c from line 6.)						
	on B. Total Support				1 40		
	r year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
<b>10a</b> Gr pa re	mounts from line 6  ross income from interest, dividends, ayments received on securities loans, ents, royalties, and income from milar sources						
in ta ad	Inrelated business taxable acome (less section 511 axes) from businesses cquired after June 30, 1975						
11 Ne	dd lines 10a and 10bet income from unrelated business citivities not included in line 10b, hether or not the business is gularly carried on						
ga ca	other income. Do not include ain or loss from the sale of apital assets (Explain in Part VI.)						
10	<b>otal support.</b> (Add lines 9, 0c, 11, and 12.)						
10	irst five years. If the Form 990 rganization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	)
	on C. Computation of Pul			no 12!: "	<u> </u>	1 1	0
	Public support percentage for 20	•			-		<u> </u>
	ublic support percentage from 2					16	%
	on D. Computation of Inv				(0)		0
	nvestment income percentage for	•	• •	-	* * * *		00
	nvestment income percentage fr					<u> </u>	%
is	3-1/3% support tests—2018. If to not more than 33-1/3%, check 3-1/3% support tests—2017. If to	this box and stop	<b>here.</b> The organ	ization qualifies	as a publicly supp	orted organization	
lir	ne 18 is not more than 33-1/3%	, check this box a	and <b>stop here.</b> The	e organization qu	ialifies as a public	ly supported organ see instructions.	ization ►

#### Part IV Supporting Organizations

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

#### **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	EDID the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	9с		
0 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		
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.)	10b		

Par	t IV	Supporting Organizations (continued)			
11	∐ac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	rning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
•	or ele	ect at least a majority of the organization's directors or trustees at all times during the tax year? If No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.			
	direct	e organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, led to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported organization(s)			
	that o	operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	- ' '	C. Type II Supporting Organizations	_		
		e. Type ii Cupper unig C. guininatione		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			
		ich of the organization's supported organization(s)? If No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
	orgar vear	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	/ere 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? <i>If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization</i> (s).		2		
3	By re	eason of the relationship described in (2), did the organization's supported organizations have a significant			
	all tin	e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
Saa		is regard.  E. Type III Functionally Integrated Supporting Organizations	3		
Sec	lioii i	E. Type III Functionally integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	⊥∐ T	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	: <u> </u>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ities Test. Answer (a) and (b) below.		Yes	No
а	suppo organ	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was			
		onsive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
b		he activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for			
	the o	organization's supported organization(s) would have been engaged in ? If Yes, explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement.	2b		
,		nt of Supported Organizations. <i>Answer (a) and (b) below.</i>	-17		
		the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
a	each	of the supported organizations? Provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sch	edule A (Form 990 or 990-EZ) 2018 SOFTWARE IN THE PUBLIC INTERES	5'T'	11-33	90208 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization	ust on No ions mus	ov. 20, 1970 (explain in t complete Sections A	Part VI). <b>See</b> through E.
Sec	ction 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		
Sec	ction 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 shor tax year or assets held for part of year):	rt		
	Average monthly value of securities	1a		
	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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2018

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

10 Line 8 amount divided by line 9 amount

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section D — Distributions						
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.					
9	Distributable amount for 2018 from Section C, line 6					

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
<b>b</b> Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			
PAA		Schodulo A (Fo	rm 990 or 990 E7) 2019

BAA

Schedule A (Form 990 or 990-EZ) 2018

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

### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

SOFTWARE IN THE PUBLIC INTEREST

	DBA: SPI			11-339020	8
Par	t   Organizations Maintaining Dono	r Advised Funds or Othe	r Similar Funds	or Accounts.	
	Complete if the organization answ	vered 'Yes' on Form 990,	Part IV, line 6.		
		(a) Donor advised fu	nds	(b) Funds and other	accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and don are the organization's property, subject to the organization's				No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit	of the donor or donor advisor.	or for any other pur	rpose conferring	□No
Dav	impermissible private benefit?			103	
Par	Conservation Easements. Complete if the organization answ	wared 'Ves' on Form 990	Part IV/ line 7		
1					
•	Preservation of land for public use (e.g., re			historically important lan	d area
	Protection of natural habitat	- Concention of educations		certified historic structure	
	Preservation of open space		1. 10301 valion of a	Solution installed structure	<b>~</b>
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contri	bution in the form of	a conservation easement	on the
_	last day of the tax year.	sia a qualifica conscivation contin	-	a conscivation casement	
				Held at the End	of the Tax Year
a	a Total number of conservation easements			2a	
ŀ	Total acreage restricted by conservation easen	nents		2 b	
(	Number of conservation easements on a certification	ed historic structure included in	າ (a)	2 c	
C	Number of conservation easements included in structure listed in the National Register			2 d	
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or	terminated by the o	organization during the	
4	Number of states where property subject to conser	vation easement is located >			
5	Does the organization have a written policy reg				
	and enforcement of the conservation easemen				<u> </u>
6	Staff and volunteer hours devoted to monitoring, in	respecting, handling of violations,	and enforcing conser	rvation easements during the	ne year
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and e	enforcing conservation	on easements during the ye	ear
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requ	uirements of section	n 170(h)(4)(B)(i)	□No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to	conservation easements in its rev	venue and expense s	statement, and balance she	eet, and
Par	conservation easements.  † III Organizations Maintaining Collection	ctions of Art, Historical T	reasures, or Ot	her Similar Assets.	
	Complete if the organization answ	vered 'Yes' on Form 990,	Part IV, line 8.		
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets hel in Part XIII, the text of the footnote to its finan-	ld for public exhibition, education,	or research in further	statement and balance serance of public service, pr	sheet works of ovide,
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items:	r public exhibition, education, or r	esearch in furtherand	ce of public service, provid	et works of art, e the
	(i) Revenue included on Form 990, Part VIII, I	ine 1			
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, hi amounts required to be reported under SFAS 1	storical treasures, or other similal 16 (ASC 958) relating to these	r assets for financial items:	gain, provide the following	
á	a Revenue included on Form 990, Part VIII, line	1		▶\$	
ŀ	Assets included in Form 990, Part X				

Part III   Organizations Maintai	ining Collec	ctions of Art	, Historic	al Treasures, or	Otner Similar Ass	ets (continu	iea)
3 Using the organization's acquisition items (check all that apply):	, accession, an	d other records,	_	· ·	a significant use of its	collection	
a Public exhibition		d	Loan or ex	change programs			
<b>b</b> Scholarly research		е	Other				
c Preservation for future gener	ations						
4 Provide a description of the organiz Part XIII.	ation's collection	ons and explain I	now they furt	her the organization's	exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	nan to be mair	ntained as part	of the orgar	nization's collection?		Yes	No
Part IV Escrow and Custodia line 9, or reported an	amount on	ents. Comple Form 990, P	ete if the art X, line	organization ans 21.	wered 'Yes' on Fol	rm 990, Pai	rt IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodiar	or other intern	nediary for o	contributions or other	assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII ar	nd complete the	following t	able:	•		<del></del>
						Amount	
<b>c</b> Beginning balance					. 1c		
<b>d</b> Additions during the year					. 1 d		
e Distributions during the year					. 1e		
f Ending balance					. 1f		
2a Did the organization include an a	mount on Fori	m 990, Part X,	line 21, for	escrow or custodial a	account liability?	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. C	theck here if the	e explanatio	n has been provided	on Part XIII		
Part V Endowment Funds. C	omplete if t	he organizat	ion answ	ered 'Yes' on For	m 990. Part IV. lir	ne 10.	
	(a) Current		Prior year	(c) Two years back	(d) Three years back	(e) Four year	rs back
1 a Beginning of year balance		,,	,	1 ,, ,	,,,,,	,,,,,	
<b>b</b> Contributions							
c Net investment earnings, gains, and losses							
<b>d</b> Grants or scholarships							
Other expenditures for facilities and programs							
f Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentage	e of the currer	-	ınce (line 1ç	j, column (a)) held a	S:		
a Board designated or quasi-endowm		%					
<b>b</b> Permanent endowment ►	~%						
c Temporarily restricted endowmer	nt ►	%					
The percentages on lines 2a, 2b, ar	nd 2c should ed	ual 100%.					
<b>3 a</b> Are there endowment funds not in t organization by:						Yes	No
(i) unrelated organizations						3a(i)	<u> </u>
(ii) related organizations						3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the rela	-		•			3b	
4 Describe in Part XIII the intended	duses of the c	rganization's e	ndowment f	unds.			
Part VI Land, Buildings, and I Complete if the organi			n Form 9	90, Part IV, line	11a. See Form 99	0, Part X, li	ne 10.
Description of property		(a) Cost or other	r basis (	b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	
<b>1 a</b> Land		(	7	(2.1.0.)	2.2 2.22.0000		
<b>b</b> Buildings	-						
c Leasehold improvements	H-						
<b>d</b> Equipment							
<b>e</b> Other	-						
Total. Add lines 1a through 1e. (Colum		ual Form 990 F	Part X colu	mn (B) line 10c )	<b>&gt;</b>		0.
BAA	(4) 111431 69	IIII 550, I	a , coiui	(2), IIIIC 100.)		ule D (Form 99	

Schedule D (Form 990) 2018

<b>Part VII</b>		- Other Securities.		N/A	
-	•			, Part IV, line 11b. See Form	
(a) Desc	cription of security or cate	egory (including name of security)	<b>(b)</b> Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financ	cial derivatives				
(2) Closel	y-held equity interes	sts			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(l)					
Total. (Colu	mn (b) must equal Form S	990, Part X, column (B) line 12.) 🕨			
<b>Part VIII</b>	I Investments -	- Program Related.	LIV	N/A	000 D 1 V 1: 10
				, Part IV, line 11c. See Form	
	(a) Description of	rinvestment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	(1) 1 15 (	000 D 17 1 (D) 1 10 )			
Part IX	Other Assets.	990, Part X, column (B) line 13.) 🕨	<u>                                       </u>		
raitin	Complete if the	e organization answered	l 'Yes' on Form 990	, Part IV, line 11d. See Form	990, Part X, line 15
	'		scription		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6) (7)					_
(8)					
(9)					
(10)					
Total. (Co	olumn (b) must equa	al Form 990, Part X, column (	B) line 15.)		<b>&gt;</b>
Part X	Other Liabilitie	-	, ,		
	Complete if the or	ganization answered 'Yes' on F		e or 11f. See Form 990, Part X, line 2	5.
		otion of liability	(b) Book value		
	eral income taxes				
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(11)					
	mn (h) must eaual Form (	990. Part X. column (R) line 25 )	<b>•</b>		
Total. (Colum		990, Part X, column (B) line 25.)		nancial statements that reports the organization	's liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	1,463,719.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	. 2e	
3 Subtract line <b>2e</b> from line <b>1</b>	. 3	1,463,719.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,463,719.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	. 1	385,055.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.		
3 Subtract line 2e from line 1.	. 3	385,055.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines <b>4a</b> and <b>4b</b>	4 c	205 055
J TOTAL EXPENSES. MUN HITES J AND 46. (THIS MUST EQUAL FORM 330, FART I, HITE TO.)	.   0	385,055.

Part XIII | Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2018

#### **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SOFTWARE IN THE PUBLIC INTEREST DBA: SPI

Employer identification number

11-3390208

Part I	General Information on Activities Outside the United States. Complete if the organization answered '\	∕es'
	on Form 990, Part IV, line 14b.	

1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,	_	
	<b>For grantmakers.</b> Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	X Yes	No

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. PART V

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)									
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region				
CENTRAL AMERICA AND				CONFERENCES AND					
(1) THE CARRIB			PROGRAM SERVICES	TRAVEL	1,780.				
EAST ASIA AND THE				CONFERENCES AND	,				
(2) PACIFIC			PROGRAM SERVICES	TRAVEL	73,772.				
.,,				CONFERENCES AND					
(3) EUROPE:			PROGRAM SERVICES	TRAVEL	55,657.				
CO EUROI E.			TROOLUM BERVICES	CONFERENCES AND	33,037.				
(4) NORTH AMERICA			PROGRAM SERVICES	TRAVEL	16,103.				
RUSSIA AND NEIGHORING			FROGRAM SERVICES	CONFERENCES AND	10,103.				
			DDOCDAM CEDUTCEC		2 165				
(5) STATES			PROGRAM SERVICES	TRAVEL	2,165.				
(6) COURT AMEDICA			DDOGDAN GEDUTGEG	CONFERENCES AND	05 564				
(6) SOUTH AMERICA			PROGRAM SERVICES	TRAVEL	25,564.				
				CONFERENCES AND					
(7) SOUTH ASIA			PROGRAM SERVICES	TRAVEL	3,462.				
				CONFERENCES AND					
(8) SUB-SAHARAN AFRICAN			PROGRAM SERVICES	TRAVEL	1,654.				
				IT					
(9) EUROPE			PROGRAM SERVICES	INFRASTRUCTURE	23,065.				
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									
<b>3 a</b> Subtotal					203,222.				
<b>b</b> Total from continuation sheets to Part I									
c Totals (add lines 3a and 3b)	0	0			203,222.				

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

Schedule F (Form 990) 2018

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 

BAA

Schedule F (Form 990) 2018

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
BAA	1	l		l	l	Schedule F	(Form 990) 2018

Pa	rt IV	Foreign Forms		
1	organi	ne organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the ization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign ration (see Instructions for Form 926).	Yes	X No
2	require of Cer	e organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be ed to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt rtain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. r (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	organi	e organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the ization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain or Corporations (see Instructions for Form 5471).	Yes	X No
4	electin <i>Returr</i>	he organization a direct or indirect shareholder of a passive foreign investment company or a qualified ig fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information in by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see ctions for Form 8621).	Yes	X No
5	organi	e organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the ization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign erships (see Instructions for Form 8865)	Yes	X No
6	If 'Yes	e organization have any operations in or related to any boycotting countries during the tax year? s,' the organization may be required to separately file Form 5713, International Boycott Report (see ctions for Form 5713; don't file with Form 990)	Yes	X No

 BAA
 TEEA3505L
 11/02/18
 Schedule F (Form 990) 2018

#### Part V Supplemental Information

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

#### PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

REVIEW PROJECT PROGRESS AND USE OF EXPENSES.

PART I, LINE 3F - METHOD OF ACCOUNTING

CASH BASIS

BAA TEEA3504L 11/02/18 Schedule F (Form 990) 2018

#### 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-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization of

SOFTWARE IN THE PUBLIC INTEREST DBA: SPI

Employer identification number

11-3390208

#### FORM 990, PART I. LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

SOFTWARE IN THE PUBLIC INTEREST ("SPI") IS A NOT FOR PROFIT ORGANIZATION WHICH WAS FOUNDED TO HELP ORGANIZATIONS DEVELOP AND DISTRIBUTE OPEN HARDWARE AND SOFTWARE. THE MISSION OF THE ORGANIZATION IS TO HELP GENUINE, SUBSTANTIAL AND SIGNIFICANT FREE AND OPEN SOURCE SOFTWARE PROJECTS BY HANDLING THEIR NON-TECHNICL ADMINISTRATIVE TASKS SO THEY AREN'T RQUIRED TO OPERATE THEIR OWN LEGAL ENTITY.

#### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

SOFTWARE IN THE PUBLIC INTEREST ("SPI") IS A NOT FOR PROFIT ORGANIZATION WHICH WAS FOUNDED TO HELP ORGANIZATIONS DEVELOP AND DISTRIBUTE OPEN HARDWARE AND SOFTWARE.

THE MISSION OF THE ORGANIZATION IS TO HELP GENUINE, SUBSTANTIAL AND SIGNIFICANT FREE AND OPEN SOURCE SOFTWARE PROJECTS BY HANDLING THEIR NON-TECHNICL ADMINISTRATIVE TASKS SO THEY AREN'T RQUIRED TO OPERATE THEIR OWN LEGAL ENTITY.

#### FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

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, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

THE MEMBERS OF SOFTWARE IN THE PUBLIC INTEREST, INC ELECT ITS BOARD OF DIRECTORS.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE BOARD OF DIRECTORS REVIEWS THE 990

#### FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

DIRECTORS HAVE TO SUBMIT CONFLICT OF INTEREST DECLARATIONS ANNUALY.

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THEY ARE PUBLISHED ON OUR WEB SITE