Form **990** 

Department of the Treasury

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form900 for instructions and the latest information

Open to Public Inspection

OMB No. 1545-0047 2020

|                                |           | evenue 3      |              |                  |              |                | -                 |                                       |                   |                  |              |                               |          |                  |                 |                 |
|--------------------------------|-----------|---------------|--------------|------------------|--------------|----------------|-------------------|---------------------------------------|-------------------|------------------|--------------|-------------------------------|----------|------------------|-----------------|-----------------|
| Α                              | For       | the 20        | 20 calen     | dar year, o      | or tax y     | ear begin      | ning              |                                       | , 2020,           | and endin        | g            | _                             |          | , 20             |                 |                 |
| в                              | Chec      | k if appli    | cable:       | С                |              |                |                   |                                       |                   |                  |              | D Employ                      | er ident | ification num    | ıber            |                 |
|                                |           | Address       | change       | SOFTWA           | ARE I        | N THE          | PUBLIC I          | INTEREST                              |                   |                  |              | 11-                           | 3390     | 208              |                 |                 |
|                                |           | Name ch       | ange         | DBA: S           |              |                |                   |                                       |                   |                  |              | E Telepho                     | ne num   | ber              |                 |                 |
|                                | H         | Initial ret   | urn          |                  |              |                | #20327            |                                       |                   |                  |              | 929                           | -341     | -0248            |                 |                 |
|                                |           |               | 1/terminated | NEW YO           | DRK,         | NY 101         | 28-5177           |                                       |                   |                  |              | 525                           | 541      | 0240             |                 |                 |
|                                | _         |               |              |                  |              |                |                   |                                       |                   |                  |              | <b>c</b>                      |          | ÷.               | 702 01          | ГЭ              |
|                                |           | Amendeo       |              | <b>F</b>         |              |                |                   |                                       |                   |                  |              | G Gross r                     |          |                  | 723,85          |                 |
|                                | ,         | Application   | on pending   | Name a           | ind addres   | s of principa  | I officer: MICI   | HAEL SCHUL                            | THEISS            |                  |              | a group retur                 |          |                  |                 | X <sub>No</sub> |
|                                |           |               |              |                  |              |                | PUBLIC IN         | I NEW YORK                            | <u>, NY 10128</u> | }                | If "No,"     | subordinates<br>attach a list | See ins  | d?<br>structions | Yes             | No              |
| <u> </u>                       | Ta        | x-exemp       | t status:    | X 501(c)(        | 3)           | 501(c) (       | )◄ (i             | nsert no.)                            | 4947(a)(1) or     | 527              |              |                               |          |                  |                 |                 |
| J                              | W         | ebsite        | :► WW        | W.SPI-           | INC.C        | DRG            |                   |                                       |                   |                  | H(c) Group   | exemption nu                  | imber 🕨  | •                |                 |                 |
| κ                              | Fo        | rm of org     | anization:   | X Corpora        | ation        | Trust          | Association       | Other ►                               | LY                | ear of formation | on: 199'     | 7 <b>M</b> s                  | state of | legal domicile   | NY NY           |                 |
| Pa                             | art I     |               | ummar        |                  |              |                |                   |                                       |                   |                  |              |                               |          |                  |                 |                 |
|                                | 1         | Brief         | flv descri   | J<br>be the orc  | anizati      | on's missi     | ion or most       | significant ac                        | tivities: SOF     | TWARE            | IN THE       | PIIRT.T                       | C IN     | TEREST           |                 |                 |
| -                              | -         |               |              |                  |              |                |                   | NIZATION                              |                   |                  |              |                               |          |                  |                 |                 |
| Activities & Governance        |           |               |              |                  |              |                |                   | WARE AND                              |                   |                  |              |                               |          | <u> </u>         | . <u></u>       |                 |
| nai                            |           | 20,           | <u></u>      |                  | <u>011(1</u> | <u></u>        |                   |                                       | <u></u>           | <u></u>          |              |                               |          |                  |                 |                 |
| ver                            | 2         |               | ck this bo   |                  | if the o     |                | n discontinu      | ed its operat                         | ions or disp      | osed of mo       | re than 2    | 5% of its                     | not ac   |                  |                 |                 |
| g                              | 3         |               |              |                  |              |                |                   | Part VI, line                         |                   |                  |              |                               | 3        | 5015.            |                 | 9               |
| ન્ઝ                            | 4         |               |              |                  |              |                |                   | erning body (                         |                   |                  |              |                               | 4        |                  |                 | 9               |
| ies                            | 5         |               |              | •                | -            |                | -                 | ear 2020 (Pa                          |                   | •                |              |                               | 5        |                  |                 | 0               |
| Zİ                             | 6         |               |              |                  |              |                |                   |                                       |                   |                  |              |                               | 6        |                  | 1               | 500             |
| lcti                           | -         |               |              |                  |              |                |                   | lumn (C), line                        |                   |                  |              |                               | 7a       |                  | <i>⊥,</i>       | 0.              |
| ~                              |           |               |              |                  |              |                |                   | 990-T, Part I,                        |                   |                  |              |                               | 7ù       |                  |                 | 0.              |
|                                |           |               |              | . 545111055      | r taxabr     |                |                   | , <b>50</b> 1, 1 art 1,               |                   |                  |              | rior Year                     | 75       | Curr             | ent Year        |                 |
|                                | 8         | Cont          | ributions    | and aran         | te (Part     | VIII line      | 1b)               |                                       |                   |                  |              | 920,5                         | 77       |                  | 659,8           |                 |
| e                              | 9         |               |              | -                | •            |                | •                 |                                       |                   |                  |              |                               |          |                  |                 |                 |
| Revenue                        |           | -             |              |                  | -            |                | <b>-</b> .        |                                       |                   |                  |              | 47,1                          |          |                  | 6,9             |                 |
| ev.                            | 10        |               |              | -                |              |                | -                 | l, and 7d)                            |                   |                  |              | Ζ,Ι                           | 57.      |                  | 20,4            |                 |
|                                | 11        |               |              | -                |              |                |                   | c, 9c, 10c, an                        |                   |                  |              | 070 4                         | 7 4      |                  | 36,6            |                 |
|                                | 12        |               |              |                  |              | -              |                   | I Part VIII, co                       |                   |                  |              | 970,4                         | /4.      |                  | 723,8           | 53.             |
|                                | 13        |               |              |                  |              |                |                   | A), lines 1-3)                        |                   |                  |              |                               |          |                  |                 |                 |
|                                | 14        |               |              |                  |              |                |                   | A), line 4)                           |                   |                  |              |                               |          |                  |                 |                 |
| Ś                              | 15        | Sala          | ries, othe   | er comper        | nsation,     | employee       | e benefits (F     | Part IX, colum                        | ın (A), lines     | 5-10)            |              |                               |          |                  |                 |                 |
| Expenses                       | 16        | a Profe       | essional     | fundraisin       | g fees       | (Part IX, d    | column (A),       | line 11e)                             |                   |                  |              |                               |          |                  |                 |                 |
| per                            |           | <b>h</b> Tota | l fundrais   | sina exper       | ises (P      | art IX col     | lumn (D), lin     | ie 25) ►                              |                   |                  |              |                               |          |                  |                 |                 |
| Ä                              | 17        |               |              |                  |              |                |                   | · · · · · · · · · · · · · · · · · · · |                   |                  |              | CC1 1                         | 10       |                  | 241 0           | 0.0             |
|                                | 17        |               | •            | -                |              |                |                   | , 11f-24e)                            |                   |                  |              | 661,1                         |          |                  | 341,2           |                 |
|                                | 18        |               | •            |                  |              | -              |                   | X, column (A                          |                   |                  |              | 661,1                         |          |                  | 341,2           |                 |
|                                | 19        | Reve          | enue less    | s expenses       | s. Subti     | ract line 1    | 8 from line       | 12                                    |                   |                  |              | 309,3                         | 56.      |                  | 382,5           | 55.             |
| Net Assets or<br>Fund Balances |           |               |              |                  |              |                |                   |                                       |                   |                  | Beginnir     | ng of Curren                  |          |                  | of Year         |                 |
| eets<br>alan                   | 20        |               |              |                  |              |                |                   |                                       |                   |                  |              | 2,471,2                       | 62.      | 2,               | 983,4           |                 |
| ٩Å                             | 21        | Tota          | l liabilitie | es (Part X,      | line 26      | 5)             |                   |                                       |                   |                  |              |                               | 0.       |                  | 19,8            | 40.             |
| - Set                          | 22        | Net a         | assets or    | fund bala        | ances. S     | Subtract li    | ne 21 from        | line 20                               |                   |                  | . 2          | 2,471,2                       | 62.      | 2.               | 963,6           | 48.             |
|                                | nrt II    | S             | ianatur      | e Block          |              |                |                   |                                       |                   |                  |              | , - , - , -                   |          | /                | ,.              |                 |
|                                |           |               | 0            |                  |              | ined this retu | including ac      | companying sche                       | dules and stater  | nents and to t   | he hest of m |                               | and hel  | iof it is true   | correct an      | nd              |
| com                            | plete.    | Declarat      | ion of prepa | arer (other that | an officer)  | is based on    | all information c | companying sche<br>of which preparer  | has any knowled   | dge.             | ne best of m | ly knowledge                  |          |                  | concet, an      | iu iu           |
|                                |           |               |              |                  |              |                |                   |                                       |                   |                  |              |                               |          |                  |                 |                 |
| c:,                            |           | ľ             | Signatu      | re of officer    |              |                |                   |                                       |                   |                  | Da           | te                            |          |                  |                 |                 |
| Siq<br>He                      | JII<br>ro |               |              |                  |              |                |                   |                                       |                   |                  |              |                               |          |                  |                 |                 |
| ne                             | IC.       | ļ             | Type or      | print name a     | and title    |                |                   |                                       |                   |                  |              |                               |          |                  |                 |                 |
|                                |           |               | 21:          | 1                |              |                | Dranavaria aig    | natura                                |                   | Data             |              | ,                             |          |                  |                 |                 |
|                                |           | 1             | Print/Type p | preparer's nar   | ne           |                | Preparer's sig    | nature                                |                   | Date             |              | Check 2                       | ζif      | PTIN             |                 |                 |
| Ра                             |           |               | GARY S.      | EISENKE          | RAFT,        | CPA            | GARY S. 1         | EISENKRAFT                            | , CPA             |                  |              | self-employe                  | ed       | P0005518         | 31              |                 |
|                                | epa       |               | Firm's name  | e ► <u>G</u> AI  | RY S.        | <u>EISENKR</u> | AFT, CPA          |                                       |                   |                  |              |                               |          |                  |                 |                 |
| Us                             | e O       | nly           | Firm's addre | ess 🏲 273        | 1 MADI       | SON AVE        | NUE SUITE         | 602                                   |                   |                  |              | Firm's EIN                    | 20-      | 4769566          |                 |                 |
|                                |           |               |              |                  |              | , NY 100       |                   |                                       |                   |                  |              | Phone no.                     | (212     | ) 689-26         | 55              |                 |
| May                            | v the     | e IRS d       | liscuss th   |                  |              |                |                   | ve? See instr                         | uctions           |                  |              |                               |          | X Yes            | 1 1             | No              |
|                                |           |               |              |                  |              |                |                   | instructions                          |                   |                  | A0101L 01/   |                               |          |                  | m <b>990</b> (2 |                 |
| DA                             |           | or i ab       | 5. HOIN IN   | Sunction         |              | ,              | Jepaiale          | madactions                            | -                 | 166              |              | 12161                         |          | 1 01             |                 | )               |

| -   |                  | SOFTWARE IN                         | THE PUBLIC   | INTEREST   |   | 11-3390                                     | 0208                          | Page 2           |
|-----|------------------|-------------------------------------|--|--|---|---|-------------------------------|------------------|
| Par |                  |                                     | m Service Acc  |  |   |   |                               |                  |
| 1   |                  | Schedule O cont<br>the organization |  | r note to any line in this                               | Part III  |   |                               | Х                |
| 1   | SEE SCHEDU       | -                                   | is mission:  |  |   |   |                               |                  |
|     | <u>SEE SCIED</u> |                                     |  |  |   |   |                               |                  |
|     |                  |                                     |  |  |   |   |                               |                  |
|     |                  |                                     |  |  |   |   |                               |                  |
| 2   | -                | -                                   |  | services during the year                                 |   |   |                               |                  |
|     |                  |                                     |  |  |   | · · · · · · · · · · · · · · · · · · ·       | Yes                           | K No             |
| 2   |                  |                                     | ces on Schedule O.   | miliant changes in her                                   |   |   |                               |                  |
| 3   | -                | e these changes o                   | -  | gnificant changes in how                                 | it conducts, any progra                               |   | Yes                           | ( No             |
| 4   | Section 501(c)   | (3) and 501(c)(4)                   | ram service accon<br>organizations are<br>ogram service repo | nplishments for each of required to report the an orted. | its three largest progran<br>nount of grants and allo | n services, as mea<br>ocations to others, t | sured by exp<br>he total expe | enses.<br>enses, |
| 4 a | (Code:           | ) (Expenses                         | \$ 254,2   | 52. including grants o                                   | f\$   | ) (Revenue \$                               |                               | )                |
|     |                  |                                     |  | NFERENCES FOR P  |   |   |                               |                  |
|     |                  |                                     |  | ES_ARE_PAID_FOR  |   |   | <u>S WHICH I</u>              | RELY             |
|     | <u>ON THE OR</u> | <u>GANIZATION</u>                   | FOR PLANNIN  | G, SUPPORT, AND  | TECHNICAL ASSI  | STANCE.                                     |                               |                  |
|     | 2) THE OR        | GANIZATION                          | PROVIDES FO  | R DEVELOPMENT O  | F OPEN SOURCE H                                       | IARDWARE AND                                | SOFTWAR                       | <br>5            |
|     | 3) THE OR        |                                     | MAKES GRANT  | S TO 501(C)(3)   | ORGANIZATIONS W                                       | TTH STMILAR                                 | MISSION                       | <u></u>          |
|     | <u> </u>         |                                     |  | <u> 10 301 (07 (37 </u>                                  |   |   | 11100101                      | <u>-</u>         |
|     |                  |                                     |  |  |   |   |                               |                  |
|     |                  |                                     |  |  |   |   |                               |                  |
|     |                  |                                     |  |  |   |   |                               |                  |
|     |                  |                                     | L  |  | *   |   |                               |                  |
| 4 b | (Code:           | ) (Expenses                         | Ş  | including grants o                                       | f \$  | ) (Revenue \$                               |                               | )                |
|     |                  |                                     |  |  |   |   |                               |                  |
|     |                  |                                     |  |  |   |   |                               |                  |
|     |                  |                                     |  |  |   |   |                               |                  |
|     |                  |                                     |  |  |   |   |                               |                  |
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|     |                  |                                     |  |  |   |   |                               |                  |
|     |                  |                                     |  |  |   |   |                               |                  |
|     |                  |                                     |  |  |   |   |                               |                  |
| 4.0 | : (Code:         | ) (Expenses                         | Ś  | including grants o                                       | fŚ  | ) (Revenue \$                               |                               | )                |
| 40  | . (00000.        |                                     | Ŷ  |  | · • •   |   |                               | )                |
|     |                  |                                     |  |  |   |   |                               |                  |
|     |                  |                                     |  |  |   |   |                               |                  |
|     |                  |                                     |  |  |   |   |                               |                  |
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|     |                  |                                     |  |  |   |   |                               |                  |
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|     |                  |                                     |  |  |   |   |                               |                  |
|     |                  |                                     |  |  |   |   |                               |                  |
|     |                  |                                     |  |  |   |   |                               |                  |
| 4 d |                  |                                     | e on Schedule O.)  |  |   |   |                               |                  |
| ~   |                  | \$                                  |  | grants of \$   | ) (Revenı   | ie \$                                       | )                             |                  |
| 4 e |                  | service expenses                    |  | 254,252.   |   |   | Form 9                        | <b>30</b> (2020) |

Form 990 (2020) SOFTWARE IN THE PUBLIC INTEREST

| Par         | t IV Checklist of Required Schedules   |      |     |        |
|-------------|--|------|-----|--------|
| 1           | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete   |      | Yes | No     |
| •           | Schedule A   | 1    | Х   |        |
| 2<br>3      | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?<br>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates  | 2    | Х   |        |
| 5           | for public office? If 'Yes,' complete Schedule C, Part I   | 3    |     | Х      |
| 4           | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II   | 4    |     | Х      |
| 5           | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 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? <i>If 'Yes,' complete Schedule D, Part I</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? <i>If 'Yes,' complete Schedule D, Part III.</i>  | 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? <i>If 'Yes,' complete Schedule D, Part IV</i>            | 9    |     | Х      |
| 10          | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i>  | 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   |        |
| Ł           | 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      |
|             | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X  | 11 e | Х   |        |
|             | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X   | 11 f |     | Х      |
| 12 <i>a</i> | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII   | 12a  | Х   |        |
| ł           | 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  | 12 b |     | Х      |
| 13          | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  | 13   |     | Х      |
| 14 a        | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a  | Х   |        |
| Ł           | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i> | 14b  | 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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>  | 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? <i>If 'Yes,' complete Schedule G, Part I</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? <i>If 'Yes,' complete Schedule H</i>   | 20a  |     | Х      |
| b           | 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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>  | 21   |     | Х      |
| BAA         | • • • •  | Form | 990 | (2020) |

Form 990 (2020)

11-3390208

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Form 990 (2020) SOFTWARE IN THE PUBLIC INTEREST Part IV Checklist of Required Schedules (continued)

| га  | Checklist of Required Schedules (continued)  |            |            | -       |
|-----|--|------------|------------|---------|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,   |            | Yes        | No      |
| 22  | column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III<br>Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current   | 22         |            | Х       |
| 23  | and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete<br>Schedule J.  | 23         |            | Х       |
| 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  | 24.        |            | Х       |
| I   | complete Schedule K. If 'No, 'go to line 25a<br>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24a<br>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        |            |         |
|     | <b>d</b> 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       |
| I   | <b>b</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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>  | 26         |            | Х       |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV   | 28a        |            | Х       |
| I   | <b>b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV</i>  | 28b        |            | Х       |
|     | c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If<br>Yes,' complete Schedule L, Part IV  | 28c        |            | Х       |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M   | 29         |            | Х       |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <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        |            | Х       |
| I   | <b>b</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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>  | 35b        |            |         |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2   | 36         |            | 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       |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br>Note: All Form 990 filers are required to complete Schedule O  | 38         | Х          |         |
| Pa  | rt V Statements Regarding Other IRS Filings and Tax Compliance<br>Check if Schedule O contains a response or note to any line in this Part V   |            |            |         |
|     |  |            | Yes        | ·<br>No |
|     | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1 a2b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1 b0  |            |            |         |
|     | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1 c        | Х          |         |
| BAA |  | -          | A<br>990 ( | (2020)  |

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| Part V         Statements Regarding Other IRS Filings and Tax Compliance (continued)           2a         Image: Statements Regarding Other IRS Filings and Tax Statements         2a         Image: Statements         3a         X         Image: Statements  |   | WARE IN THE PUBLIC INTEREST   | 11-3390208                       | Ρ   | age 5 |
|---|---|---|----------------------------------|-----|-------|
| 2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax State       2a       0         b If at less to is reported on the 2A, did the organization file at injustice federal equivale federal equivale federal equivale federal equivale federal equivales for a signature or other authority over, a financial account in a foreign fourthy (such as a bank account, securities account, or other financial account).       3a         b II ''esc, 'enter the name of the ergenization have an interest in, or a signature or other authority over, a financial account is to foreign federal equivales for the ergenization in the ergenization in the ergenization in the ferm 886-72.       5a       X         b II ''esc, 'enter the mane of the ergenization file foreign Bank and Financial Accounts (FBAR).       5a       X         b II ''esc, 'enter the ergenization include with every solicitation excellent 72.       5a       X         b II ''esc, 'enter the ergenization include with every solicitation excellent 70Co.       5a       X         b II ''esc, 'enter the ergenization include with every solicitation excellent 70Co.       5a       X         b II ''esc, 'indite erganization include with e  | Part V Stateme  | ents Regarding Other IRS Filings and Tax Compliance (continue)  | ,                                |     |       |
| b If at least one is reported on line 2a, did the organization file all required derial employment tax returns?       2b         When: If the sum of lines 1a and 2b, you may be required to 4-% (see instructions)       3a       3b       X         3b Diff the organization have unrelated business gross income of \$1,000 or more during the year?       3a       3b       X         3b Diff vis, 'max filled form 930-17b this year. /f Web bite 3b, growth ar explanation e Schedule 0.       3b       X         3c A least inst during the cleated set, and the organization have an intensist in, or a significate or other authority over, a       4a         3c A least inst during the cleated set, and the organization have an intensist in, or a significate or other family of the Alex and the organization have an intensist in, or a significate or other family the ax year?       5a         3c A was the organization approximation take an intensist in, or a significate or other family to a prohibited tax shells transaction?       5c         3c A was the organization into the organization hist it was or is a party to a prohibited tax shells transaction?       5c         3c A bot organization nuclew wherey solicitation an express statement that sub contributions on diffs were not tax dealed contributions and party as a contribution and party for goods and services provided to the payor?       7b         7c A was the organization nuclew in the year. Of the value of the goods or services provided?       7c       7c         7c H was, indicate the number of Forms 2822 filed during the year.       7d   |   |   |                                  | Yes | No    |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b         When: If the sum of lines 1 and 2b, you may be required to a -(6) geo intervision)       3a Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a Did the organization have unrelated business gross income of \$1,000 or more during the year?       3b       X         b If Yes,' ins is field a form 93D. To this year? If No b law 3b, growde an explanation or Schedule 0.       4a       X         b If Yes,' institution of the organization in the set in or a signification of other finamed becounts?       5a       X         b If Yes,' institution of this organization in the set in the set in an a signification of other finamed becounts?       5a       X         b If Yes,' institution is a or 3b, did the organization in the set is a party to a prohibited tax shells transaction?       5a       X         b If any toxable party noity the organization in the result set is a party to a prohibited tax shells transaction?       5a       X         b If the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shell any crecive deductible contributions under section 170(C).       5a       X         a Did the organization notify the droor of the value of the goods or services provided?       7b       7b         c Did the organization notify the droor of the value of the goods or services growded?       7c       X         J If Yes,' ind   | 2 a Enter the number of                                 | employees reported on Form W-3, Transmittal of Wage and Tax State-  |                                  |     |       |
| Note:         The sum of lines 1 and 2 is greater than 250, yuu may be required to <i>e</i> -file (see instructions)         Image: Construction have unrelated business gross income of 310, 000 or more during the year?         Image: Construction 1 as the sequence of the authority over a structure of a during the year?         Image: Construction 1 as the sequence outry (Such also 2 bank account); or diver financial accounts?         Image: Construction 1 as the sequence outry (Such also 2 bank account; or diver financial accounts?         Image: Construction 2 bank account; or diver financial accounts?         Image: Construction 2 bank account; or diver financial accounts?         Image: Construction 2 bank account; or diver financial accounts?         Image: Construction 2 bank accounts?         Image: Construction 2 bank account; or diver financial accounts?         Image: Construction 2 bank accounts?         Image: Construction 2   |   |   | 0                                |     |       |
| 3 Did the organization have unrelated business pross income of \$1,000 or more during the year?       3 a       3 a       3 b         4 A stary the during the calendar year, did the organization have an interest in or a signature or other authority orem a       3 b         4 A stary time during the calendar year, did the organization have an interest in or a signature or other authority orem a       3 b         4 A stary time during the calendar year, did the organization have an interest in or a signature or other authority orem a       3 b         5 West the organization approximation that it was a task account, securities account, or other financial accounts (FBAP).       5 a         5 West the organization have annual orgas receipts that are normally greater than \$100,000, and did the organization field the organization in that it was or is a party to a prohibited tas shelter transaction?       5 c         6 Does the organization nave annual orgas receipts that are normally greater than \$100,000, and did the organization field were not tas deductible as chartalised contributions and reserves provided?       5 c         7 Organizations that may receive deductible contributions under section 170(c).       8 b       7 c         a bit the organization norbity the donor of the value of the goods or services provided?       7 c       X         1 'res', ind the organization norbity the donor of the value of the goods or services provided?       7 c       X         1 'res', indicate the number of Forms \$282 filed during the year.       7 d       7 c       X  |   |   | 20                               |     |       |
| bit "ex; her titlet a Ferrer 99-1" for the year? If W is bite "by growt are appeared on Schedule 0.       3b         4a A tary time accound in coloring year did (be organization have an interst) in, or a signature or other mathematical account)?       4a         bit "yes; enter the name of the foreign country"       4a         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP).       5a         5a Was the organization a party to a prohibited tax shell termsaction at any time during the tax year?       5a         5b Old any taxable party notify the organization file Form 8896-17.       5c         6a Does the organization are enally gross rescales that are normally greater than \$100,000, and did the organization       6a         bit "wee", to the organization file Form 8896-17.       5c         6a Does the organization have muck gross rescales that are normally greater than \$100,000, and did the organization       6a         7 Organizations that may recive deductible contributions under section 170(c).       7a       X         10 "Kes," idue contraction notify the done of the value of the goods or services provided?       7b       7c         10 "Kes," idue the organization neces of \$75 made party so a prohibution and partly for goods and services provided to the payer?       7a       X         10 "Kes," idue the organization notify the done of the value of thing oparts in one presonal benefit contract?       7t       X         10 "Kes," i   |   |   |                                  |     | Х     |
| Intervent       Intervent       Intervent       Intervent       Intervent         Set instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Set instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Set instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Set instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Set instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Set instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Set instructions for Financial Maccounts (FBAR).       Set instructions for filing requirements for Financial Accounts (FBAR).       Set instructions for Financial Maccounts (FBAR).       Set instructions for Financial Accounts (FBAR).       Set instructions for Financial Accounts (FBAR).       Set instructions for Financial Maccounts (FBAR).       Set instructions for Financial Accounts (FBAR).       Set instructions for Financial Maccounts (FBAR).       Set instructions for Financial Accounts (FBAR).       Set instructions for Financial Maccounts (FBAR).       Set instructions (FBAR).       Set instructions (FBAR).       Set instructions (FBAR).       Set instructions (FBAR).       Set instrego (FBAR).       Set instructions (FBAR). <t< td=""><td>-</td><td></td><td></td><td></td><td></td></t<>   | -   |   |                                  |     |       |
| See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (PBAR).       Sa         Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       Sa         Su Carl Yes,' to line Sa or 5b, did the organization file Form 8886-17.       Sa         Ga Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for the annual gross receipts that are normally greater than \$100,000, and did the organization for the value of the goods as charidable contributions?       Ga         Ji Yes,' to the organization needve deductible contributions under section 170(c).       Ga       Ga         Ji Ott en organization needve apayment in excess of 375 made party as a contribution and partly for goods and services provided?       Za       X         I Yes,' ind the organization needve apayment in excess of 375 made party as a contribution and partly for goods and services provided?       Za       X         I Yes,' indicate the number of Forms 8282 filed during the year.       Zd       Zd       Yes,' for the organization needve any funds, directly or indirectly, on a personal benefit contract?       Zfe       X         I bit the organization receives any funds, directly or indirectly, on a personal benefit contract?       Zfe       X         I Yes,' indicate the number of Forms 8282 filed during the year.       Zd       Zd       Yfe       X         I bit the organization neexieva any funds, directly or indirect  | <b>4a</b> At any time during the financial account in a | e calendar year, did the organization have an interest in, or a signature or other auth<br>a foreign country (such as a bank account, securities account, or other financ | hority over, a<br>sial account)? |     | Х     |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.       5a       X         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         c If Yes,' to line Sa or Sb, dit the organization the parts abade for the organization should any error that deductible as chartable contributions?       5c       5c         6a Does the organization nucled with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions and partly for goods and services provided to the part abage. The organization nucled with every solicitation an express statement that such contribution and partly for goods and services provided to the part abage. The organization receive a payment in excess of \$75 made part ys as contribution and partly for goods and services provided to the part abage. or therewise dispose of tangible personal property for which it was required to file Form 82822 filed during the year.       7d       7c       X         0 If Yes,' indicate the number of Forms 8282 filed during the year.       7d       7c       X         of Uth eorganization neceive a contribution of qualified intellectual property to which it was required to file Form 8289?       7g       7d         0 If the organization mease as table as the way or a presonal benefit contract?       7c       X         f If the organization mease as table as the way or a presonal benefit contract?       7f       X         g If the organization sinvitatiing doors advised funds.   |   |   |                                  |     |       |
| b Did any taxable party notity the organization that twas or is a party to a prohibited tax shelter transaction?       5 b       X         c if Yes,' to line 5 aor 5b, did the organization file Form 8886-72.       5 c       5 c         6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file 6 m (star deductible as charitable contributions).       6 a       X         b If Yes,' to the organization neave annual gross receipts that are normally greater than \$100,000, and did the organization file 6 m (star deductible contributions under section 170(c).       6 b       6 c         a Did the organization neaver a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7 b       7 b         c Did the organization neaver any funds, dired y or otherwise dispose of tangible personal property for which it was required to file form 8282?       7 c       X         d If Yes,' indicate the number of Forms 8282 filed during the year.       7 d       7 d       X         g If the organization neave any funds, direddy or indirectly or indirectly, on a personal benefit contract?       7 d       X         g If the organization neave any funds, direddy or indirectly or indirectly, did the organization file a form 8293       7 g       x         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 600 and avised funds. Did a donor advised fund maintained by the sponsoring organization meave avable distributi   |   |   |                                  |     | 37    |
| c If Yes,' to line 5a or 5b, did the organization file Form 8886-T?       5c         6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         b If Yes,' did the organization natule with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       6b       7         7 Organizations that may receive deductible contributions under section 170(c).       a Did the organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided 0 the payor?.       7a       X         b If Yes,' indicate the number of Forms 8282 field during the year.       Z d       7b       7c       X         f Did the organization netwer as the contribution of qualified intellectual property, for which it was required to file       7c       X         f Did the organization netwer as py tremumy, directly or indirectly, on a personal benefit contract?       7c       X         f Did the organization netwer as ontribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       7f       X         g If the organization netwer as table during the year?       7g       7g       7g       7g         s Sponsoring organization maintaining donor advised funds.       10 a donor advised funds.       10a       7h       7g  | -   |   |                                  |     |       |
| 6a Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions.       6a       X         bif "Ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.       6b       6a       X         c Organizations that may receive deductible contributions under section 170(C).       a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided 0 the payof.       7a       X         bif "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7c       X         c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         d If Yes," indicate the number of Forms 8282 tiled during the year.       7d       7d       X         g If the organization receive a contribution of qualified intellectual property did the organization file a Form 8299       7g       7d       X         g If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8292       7g       7h       X         g If the organization received a contribution of cars, boats, airplanes, or relead person?       9a       9a       9b  |   |   |                                  |     | Χ     |
| solicit any contributions that were not tax deductible as charitable contributions?       6a       X         bit "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7 Organizations that may receive deductible contributions under section 170(c).       7a       X         9 Did the organization neceive a payment in excess of 575 made parity as a contribution and parity for goods and services provided to the payor?       7a       X         0 Did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         0 Did the organization noting the donor of the value of the goods or services provided?       7c       X         1 T'es," indicate the number of Forms 8282 field during the year, pay premiums, or a personal benefit contract?       7c       X         9 Did the organization received a contribution of qualified intellectual property, did the organization file form 8899       7g       7d       X         9 H the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1996-07.       7h       7h       7h         8 Sponsoring organization make any taxable distributions under section 49667.       9a       9b       9b       9b       9b       9b       9b       9b       9b       10a       10a       10a       10a       10a       10a   |   | -   |                                  |     |       |
| not tax deductible?       6b         7 Organizations that may receive deductible contributions under section 170(c).       6b         a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         bif Yes; (idd the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7d       X       Y         c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7g       7h         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised funds.       10a       7h       9b         9 Edit the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 Section 501(cX/2) organizations. Enter:       10a       10a       10a       10a         11 Section 501(cX/2) organizations. Enter:       11b       11a       10a       10a       10a       <  | solicit any contribution                                | ons that were not tax deductible as charitable contributions?   | 6a                               |     | Х     |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If 'yes,' id the organization notify the donor of the value of the goods or services provided?       7b       7c         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year.       7d       7c       X         f Did the organization, during the year, pay premiums, on a personal benefit contract?       7c       X         f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-0?       7g       7d         f If the organization are excess business holdings at any time during the year?       8       7n       7n         S Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b         O Section 501(c)(2) organizations. Enter:       a Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b       11a       10a         I Section 501(c)(2) organizations. Enter:       a Gross income from members or shareholders.       11a       11b       11a       11a         1 Section 501(c)(2) organizations. Enter:       a Gross income from other sources (Do not net amounts due or pa   |   |   |                                  |     |       |
| services provided to the payor?     7a     X       bif "Yes," did the organization notify the donor of the value of the goods or services provided?     7b       c Did the organization notify the donor of the value of the goods or services provided?     7b       c Did the organization notify the donor of the value of the goods or services provided?     7c     X       d ff Yes, 'indicate the number of Forms 8282 filed during the year.     7d     7e     X       f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7e     X       f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899     7g     7g       g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2.     7h     7h       8 Sponsoring organizations maintaining donor advised funds.     9     9a     9a       9 Did the sponsoring organization make a distribution suder section 4966?     9a     9a       9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?     9b     9b       10 Section 501(c)(2) organizations. Enter:     10a     10a     10a       a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities.     10b     11a       12a Section 501(c)(2) organizations. Enter:     11a     11b     12a <td>7 Organizations that m</td> <td>nay receive deductible contributions under section 170(c).</td> <td></td> <td></td> <td></td>  | 7 Organizations that m                                  | nay receive deductible contributions under section 170(c).  |                                  |     |       |
| b If Yes,' did the organization notify the donor of the value of the goods or services provided?       7b         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file       7c       X         d If Yes,' indicate the number of Forms 8282 filed during the year.       7d       7e       X         d If Yes,' indicate the number of Forms 8282 filed during the year.       7d       7e       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 8899       7g       7g         as required?       7h       X       7h       X         9 Sponsoring organization maken as any time during the year?       8a       7h       8a         9 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distribution such as each or advised, received a contribution included on Part VIII, line 12.       10a       10a       10a         10 Section 501(c)(X) organizations. Enter:       10a       10b       10b       10a       10b       10b       10a       10b       10a       10b       10a       10b       10a       10b       10a       10b       10a       10b  | a Did the organization                                  | receive a payment in excess of \$75 made partly as a contribution and partly  | for goods and                    |     | 17    |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file       7 c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year.       7 d       7         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.       7 e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7 g       7         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7 g       7         8 Sponsoring organizations maintaining donor advised funds.       9       8       9         9 Sponsoring organization make any taxable distributions under section 4966?       9 a       9       9         b Did the sponsoring organization make any taxable distributions under section 4966?       9 a       9       9         10 Section 501(c)(2) organizations. Enter:       10 a       10 a       10 a       10 a         11 a       10 a       10 a       10 a       10 a       10 a       10 a         12 Section 501(c)(2) organizations. Enter:       11 a       10 a       10 a       10 a       10 a         13 Section 501(c)(2) organizations. Enter:       11 a       10 a       10 a       10 a  |   |   |                                  |     | Х     |
| Form 8282?       7c       X         d If Yes, 'indicate the number of Forms 8282 filed during the year.       7d       7e       X         d If Yes, 'indicate the number of Forms 8282 filed during the year.       7d       7e       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a required?       7g       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1038-C?       7h       7h         8 Sponsoring organizations maintaining donor advised funds.       8       9a       9a       9a       9a       9a       9b       9a       9b       9b       9a       9b       9b<  |   |   |                                  |     |       |
| d If Yes,' indicate the number of Forms 8282 filed during the year.       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7g       7g         a If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7g       7g         8 Sponsoring organizations maintaining door advised funds.       8       8       8         9 Sponsoring organizations maintaining door advised funds.       8       8       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 Section 501(c(X) organizations. Enter:       10a       10b       10b       10b       10b         11 Section 501(c(X) organizations. Enter:       11a       10b       10b       10b       10b       10b         12 Section 501(c(X) organizations. Enter:       11a       10b  | Form 8282?  | ell, exchange, or otherwise dispose of tangible personal property for which it was re   | <b>7</b> c                       |     | Х     |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7g       7g         h f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7g       7h         S Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9 Sponsoring organizations maintaining donor advised funds.       a donor advised funds.       9a         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9b         10 Section 501(c)(7) organizations. Enter:       10a       10a         a linitation fees and capital contributions included on Part VIII, line 12.       10a       10b         11 Section 501(c)(12) organizations. Enter:       11a       11b       11b         22 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 900 in lice of Form 1041?       12a       12a         13 Section 501(c)(22) qualified nonprofit health insurance issuers.       11a       11b       11b       11b         13 Section 501(c)(22) qualified nonprofit health plans in more than one state?       13a       Note: See the instructions for a  |   |   |                                  |     |       |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7 g         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2       7 h         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         9 Sponsoring organizations maintaining donor advised funds.       9 a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9 a         10 Section 501(c)(7) organizations. Enter:       10 a         a Initiation fees and capital contributions included on Part VIII, line 12.       10 a         b Gross income from members or shareholders.       11 a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11 b         12 Section 501(c)(2) qualified nonprofit health insurance issuers.       12 b         13 Section 501(c)(2) qualified nonprofit health plans in more than one state?       13 a         Note: See the instructions of additional information the organization must report on Schedule 0.       13 a         b Enter the amount of reserves on hand.       13 b         14 a Did the organization is lecensed to issue qualified health plans.       13 b         c Enter the amount of reserves on hand.  | e Did the organization                                  | receive any funds, directly or indirectly, to pay premiums on a personal bene   | fit contract? 7e                 |     | Х     |
| as required?.       7 g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?       7 h         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       7 h         9 Sponsoring organizations maintaining donor advised funds.       8       9         a Did the sponsoring organization make any taxable distributions under section 4966?       9 a       9 b         10 Section 501(c)(7) organizations. Enter:       10 a       10 a       10 b         11 Section 501(c)(7) organizations. Enter:       10 a       10 b       10 b       10 b         12 Section 501(c)(7) organizations. Enter:       11 a       10 a       11 b       12 a         13 Section 501(c)(7) organizations. Enter:       11 a       11 b       12 a       11 b       12 a         13 Section 501(c)(2) organizations. Enter:       11 a       12 a       11 b       12 a       12 a         14 Section 501(c)(2) organization therest received or accrued during the year.       12 b       12 a       12 a         15 Section 501(c)(29) qualified nonprofit health insurance issuers.       13 a       13 a       13 a         14 Section 501(c)(29) qualified nonprofit health insurance issuers.       13 b       13 a   | f Did the organization,                                 | , during the year, pay premiums, directly or indirectly, on a personal benefit c  | contract?                        |     | Х     |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining donor advised funds.       7h         9 Sponsoring organizations maintaining donor advised funds.       8         9 Did the sponsoring organizations maintaining donor advised funds.       9         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a         9 Did the sponsoring organizations. Enter:       10a         10 Section 501(c)(7) organizations. Enter:       10a         11 Section 501(c)(1) organizations. Enter:       10a         12 Section 501(c)(1) organizations. Enter:       11a         13 Gross income from members or shareholders.       11a         14 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       11b         13 Is the organization is required to maintain by the states in which the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a         14 Did 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?       14a         14 bi If Yes,' see instructions and file Form 720. Schedule N.       14   |   |   |                                  |     |       |
| Form 1098-C2.       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       7h         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       11a         11       Section 501(c)(Z) organizations. Enter:       11a         a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b         12       Section 501(c)(Z29) qualified nonprofit health insurance issuers.       11a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions or additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves on hand.       13c       14a         X       X       14a       X         b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> .       14a<   | · ·   |   |                                  |     |       |
| 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?   |   |   |                                  |     |       |
| a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(2) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10b         11 Section 501(c)(2) organizations. Enter:       11a         a Gross income from members or shareholders.       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves on hand       13c         c Enter the amount of reserves on hand       13c         14a Did the organization is licensed to issue qualified health plans   | 8 Sponsoring organizat                                  | tions maintaining donor advised funds. Did a donor advised fund maintained by th  | ne sponsoring                    |     |       |
| a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(2) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10b         11 Section 501(c)(2) organizations. Enter:       11a         a Gross income from members or shareholders.       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves on hand       13c         c Enter the amount of reserves on hand       13c         14a Did the organization is licensed to issue qualified health plans   | 9 Sponsoring organiza                                   | ations maintaining donor advised funds.   |                                  |     |       |
| 10       Section 501(c)(7) organizations. Enter:         a Initiation fees and capital contributions included on Part VIII, line 12   |   | -   |                                  |     |       |
| a Initiation fees and capital contributions included on Part VIII, line 12.       10 a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10 b         11 Section 501(c)(12) organizations. Enter:       a Gross income from members or shareholders.       11 a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11 b       12 a         12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12 a       12 a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12 b       13 a         Note: See the instructions for additional information the organization must report on Schedule O.       b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14 a       X         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14 b       14 b         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 X         If 'Yes,' see instructions and file Form 4720, Schedule N.       15 X       16 X  | <b>b</b> Did the sponsoring o                           | organization make a distribution to a donor, donor advisor, or related person?.   |                                  |     |       |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b   11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 11a   b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11b   12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a   b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b   13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a   a Is the organization licensed to issue qualified health plans in more than one state? 13a   Note: See the instructions for additional information the organization must report on Schedule O. 14a   b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a   14 a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excees parachute payment(s) during the year? 15   15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16  | 10 Section 501(c)(7) org                                | ganizations. Enter:   |                                  |     |       |
| 11       Section 501(c)(12) organizations. Enter:         a Gross income from members or shareholders.       11 a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11 b         12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12 a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12 b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13 a         a Is the organization licensed to issue qualified health plans in more than one state?       13 a         Note: See the instructions for additional information the organization must report on Schedule O.       13 a         b Enter the amount of reserves on hand       13 b       14 a         x       b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> .       14 b         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 x         If 'Yes,' see instructions and file Form 4720, Schedule N.       16 x  | a Initiation fees and ca                                | apital contributions included on Part VIII, line 12   |                                  |     |       |
| a Gross income from members or shareholders.       11 a       11 a       11 a       11 b       12 b       11 b       12 b       11 b       12 b       11 b       12 b       11 b  | <b>b</b> Gross receipts, inclue                         | Ided on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>  | ,                                |     |       |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b       12a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.       12a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12b       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> .       14b       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       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       15       X         16       X  |   |   |                                  |     |       |
| against amounts due or received from them.).       11 b         12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12 a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12 b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12 b         a Is the organization licensed to issue qualified health plans in more than one state?       13 a         Note: See the instructions for additional information the organization must report on Schedule O.       13 b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.       13 b         c Enter the amount of reserves on hand       13 c       14 a         14 a Did the organization receive any payments for indoor tanning services during the tax year?       14 a       X         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14 b       15         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 X       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16 X       16 X   |   | · · · · · · · · · · · · · · · · · · ·   |                                  |     |       |
| 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12 a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12 b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12 b         a Is the organization licensed to issue qualified health plans in more than one state?       13 a         Note: See the instructions for additional information the organization must report on Schedule O.       13 b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.       13 b         c Enter the amount of reserves on hand       13 c         14 a Did the organization receive any payments for indoor tanning services during the tax year?       14 a         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 X         If 'Yes,' see instructions and file Form 4720, Schedule N.       14 X         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16 X  | b Gross income from o<br>against amounts due            | other sources (Do not net amounts due or paid to other sources<br>e or received from them.)   |                                  |     |       |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.       13b         c Enter the amount of reserves on hand       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         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         If 'Yes,' see instructions and file Form 4720, Schedule N.       15         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16  | 0   | ·   |                                  |     |       |
| a is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.       13b         c Enter the amount of reserves on hand       13c       14a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> .       14b       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       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X   |   |   |                                  |     |       |
| Note: See the instructions for additional information the organization must report on Schedule O.       Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.       Image: Ima | 13 Section 501(c)(29) qu                                | ualified nonprofit health insurance issuers.  |                                  |     |       |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.       13b       13b         c Enter the amount of reserves on hand       13c       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> 14b       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       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       15       15       X         16       X  | a Is the organization lie                               | censed to issue qualified health plans in more than one state?  | 13a                              |     |       |
| which the organization is licensed to issue qualified health plans.       13b       13b         c Enter the amount of reserves on hand       13c       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> .       14b       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       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X   | Note: See the instruct                                  | ctions for additional information the organization must report on Schedule O.   |                                  |     |       |
| 14 a Did the organization receive any payments for indoor tanning services during the tax year?       14 a       X         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14 b       14 b         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 X       15 X         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16 X   | which the organization                                  | on is licensed to issue qualified health plans  |                                  |     |       |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on 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       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X  |   |   |                                  |     | V     |
| 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?   | -   |   |                                  |     | Å     |
| excess parachute payment(s) during the year?       15       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X         16       X       16       X   |   |   |                                  |     |       |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | excess parachute par                                    | ayment(s) during the year?  | 4 -                              |     | Х     |
|   | ·   |   | nent income? 16                  |     | Х     |
|   |   |   |                                  |     |       |

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

| Check if Schedule O contains a response or note to any line in the | this Part VI |
|--|--------------|
|--|--------------|

| Sec                   | tion A. Governing Body and Management  |        |        |       |  |  |  |  |
|-----------------------|--|--------|--------|-------|--|--|--|--|
|                       |  |        | Yes    | No    |  |  |  |  |
| 1 a                   | Enter the number of voting members of the governing body at the end of the tax year       1 a       9         If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad       1       9   |        |        |       |  |  |  |  |
| L                     | authority to an executive committee or similar committee, explain on Schedule O.   |        |        |       |  |  |  |  |
|                       | Enter the number of voting members included on line 1a, above, who are independent <b>1b</b> 9   |        |        |       |  |  |  |  |
| 2                     | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2      |        | Х     |  |  |  |  |
| 3                     | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  | 3      |        | Х     |  |  |  |  |
| 4                     | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4      |        | Х     |  |  |  |  |
| 5                     | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5      |        | X     |  |  |  |  |
| 6                     | Did the organization have members or stockholders?SEESCHEDULE . Q  | 6      | Х      |       |  |  |  |  |
| 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?SEESCHEDULE. O   | 7 a    | Х      |       |  |  |  |  |
| ł                     | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7 b    |        | Х     |  |  |  |  |
| 8                     | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |        |        |       |  |  |  |  |
| a The governing body? |  |        |        |       |  |  |  |  |
| Ł                     | Each committee with authority to act on behalf of the governing body?  | 8 b    | Х      |       |  |  |  |  |
| 9                     | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>  | 9      |        | Х     |  |  |  |  |
| Sec                   | tion B. Policies (This Section B requests information about policies not required by the Internal Re   | eveni  | ie Co  | ode.) |  |  |  |  |
|                       |  |        | Yes    | No    |  |  |  |  |
|                       | Did the organization have local chapters, branches, or affiliates?   | 10 a   |        | Х     |  |  |  |  |
| t                     | 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   |        |       |  |  |  |  |
|                       | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11 a   | Х      |       |  |  |  |  |
| Ł                     | Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O   |        |        |       |  |  |  |  |
|                       | Did the organization have a written conflict of interest policy? If 'No,' go to line 13  | 12 a   | Х      |       |  |  |  |  |
| Ł                     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b    | Х      |       |  |  |  |  |
| C                     | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this was done</i> SEE .SCHEDULE . Q  | 12 c   | Х      |       |  |  |  |  |
| 13                    | Did the organization have a written whistleblower policy?  | 13     |        | Х     |  |  |  |  |
| 14                    | Did the organization have a written document retention and destruction policy?   | 14     |        | Х     |  |  |  |  |
| 15                    | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |        |        |       |  |  |  |  |
| a                     | The organization's CEO, Executive Director, or top management official   | 15 a   |        | Х     |  |  |  |  |
| Ł                     | Other officers or key employees of the organization  | 15 b   |        | Х     |  |  |  |  |
|                       | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).  |        |        |       |  |  |  |  |
| 16 a                  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16 a   |        | X     |  |  |  |  |
| Ł                     | 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   |        |       |  |  |  |  |
| Sec                   | tion C. Disclosure   |        |        |       |  |  |  |  |
| 17                    | List the states with which a copy of this Form 990 is required to be filed ► <u>NY</u>   |        |        |       |  |  |  |  |
| 18                    | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         X         Upon request         Other (explain on Schedule O) | 01(c)( | 3)s or | nly)  |  |  |  |  |
| 19                    | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate the public during the tax year.  | ble to |        |       |  |  |  |  |
| 20                    | State the name, address, and telephone number of the person who possesses the organization's books and records ►   |        |        |       |  |  |  |  |
|                       | MICHAEL SCHULTHEISS 1732 1ST AVENUE, #20327 NEW YORK NY 10128 929-341-0248   |        |        |       |  |  |  |  |

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| Form 990 (2020) SOFTWARE IN THE PUBLIC INTEREST   | 11-3390208                      | Page 7  |  |  |  |  |  |  |  |
|---|---------------------------------|---------|--|--|--|--|--|--|--|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes<br>Independent Contractors                                    | t Compensated Employe           | es, and |  |  |  |  |  |  |  |
| 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  |                                 |         |  |  |  |  |  |  |  |
| I a Complete this table for all persons required to be listed. Report compensation for the calendar year ending<br>organization's tax year. | -                               |         |  |  |  |  |  |  |  |
| <ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organization)</li> </ul>              | tions), regardless of amount of |         |  |  |  |  |  |  |  |

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

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

|                                 |  |                                   | (C)                   |                |                    |                                 |        |  |   |   |
|---------------------------------|--|-----------------------------------|-----------------------|----------------|--------------------|---------------------------------|--------|--|---|---|
| (A)<br>Name and title           |  | Pos<br>thar<br>is                 | s both<br>dire        | an o<br>ector/ | officer<br>/truste |                                 |        | (D)<br>Reportable<br>compensation from<br>the organization | (E)<br>Reportable<br>compensation from<br>related organizations | <b>(F)</b><br>Estimated amount<br>of other                            |
|                                 | per<br>week<br>(list any<br>hours for<br>related<br>organiza-<br>tions<br>below<br>dotted<br>line) | Individual trustee<br>or director | Institutional trustee | Officer        | Key employee       | Highest compensated<br>employee | Former | the organization<br>(W-2/1099-MISC)                        | related organizations<br>(W-2/1099-MISC)                        | compensation from<br>the organization<br>and related<br>organizations |
| (1) CHRIS LAMB                  | 5  |                                   |                       |                |                    |                                 |        |  |   |   |
| DIRECTOR                        | 0  | Х                                 |                       |                |                    |                                 |        | 0.   | 0.  | 0.  |
| (2) TIMOTHY POTTER              | 5  |                                   |                       |                |                    |                                 |        |  |   |   |
| SECRETARY                       | 0  | Х                                 |                       | Х              |                    |                                 |        | 0.   | 0.  | 0.  |
| (3) ANDREW TRIDGELL             | 1  |                                   |                       |                |                    |                                 |        |  |   |   |
| DIRECTOR                        | 0  | Х                                 |                       |                |                    |                                 |        | 0.   | 0.  | 0.  |
| MARTIN_ZOBEL-HELAS<br>TREASURER | 5  | v                                 |                       | Х              |                    |                                 |        | 0  | 0   | 0   |
| (5) HECTOR ORON MARTINEZ        | 0  | Х                                 |                       | Λ              |                    |                                 |        | 0.   | 0.  | 0.  |
| DIRECTOR                        | $-\frac{5}{0}$   | Х                                 |                       |                |                    |                                 |        | 0.   | 0.  | 0.  |
| (6) LUCA FILIPOZZI              | 5  | Λ                                 |                       |                |                    |                                 |        | 0.   | 0.  | 0.  |
| DIRECTOR                        |  | Х                                 |                       |                |                    |                                 |        | 0.   | 0.  | 0.  |
| (7) MICHAEL SCHULTHEISS         | 5  |                                   |                       |                |                    |                                 |        |  |   |   |
| PRESIDENT                       | 0  | Х                                 |                       | Х              |                    |                                 |        | 0.   | 0.  | 0.  |
| (8) STEPHEN FROST               | 1  |                                   |                       |                |                    |                                 |        |  |   |   |
| VICE PRESIDENT                  | 0  | Х                                 |                       | Х              |                    |                                 |        | 0.   | 0.  | 0.  |
| (9) FORREST FLEMING             | 1  |                                   |                       |                |                    |                                 |        |  |   |   |
| DIRECTOR                        | 0  | Х                                 |                       |                |                    |                                 |        | 0.   | 0.  | 0.  |
| (10)                            |  |                                   |                       |                |                    |                                 |        |  |   |   |
| (11)                            |  |                                   |                       |                |                    |                                 |        |  |   |   |
| (12)                            |  |                                   |                       |                |                    |                                 |        |  |   |   |
| (13)                            |  |                                   |                       |                |                    |                                 |        |  |   |   |
|                                 |  | 1                                 |                       |                |                    |                                 |        |  |   |   |
| (14)                            |  |                                   |                       |                |                    |                                 |        |  |   |   |
| ВАА                             | TEEA0  | 107L                              | 10/07                 | //20           | I                  |                                 |        |  |   | Form <b>990</b> (2020)  |

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| Part VII       | Section A. Officers, Directors, Tru  | ustees,                      | Key                               | Em                        | plo                            | bye                               | es,                             | anc                 | l Highest Com                                 | pensated Empl                                 | oyees    | (continued)                            |
|----------------|--|------------------------------|-----------------------------------|---------------------------|--------------------------------|-----------------------------------|---------------------------------|---------------------|---|---|----------|--|
|                |  | (B)                          |                                   |                           | (0                             | •                                 |                                 |                     |   |   |          |  |
|                | (A)<br>Name and title  | Average<br>hours<br>per      | (do<br>box<br>offic               | not c<br>, unle<br>cer ar | Pos<br>heck<br>ss pe<br>nd a d | sition<br>more<br>erson<br>direct | e than<br>is both<br>or/trus    | one<br>h an<br>tee) | <b>(D)</b><br>Reportable<br>compensation from | <b>(E)</b><br>Reportable<br>compensation from | Estima   | (F)<br>ated amount                     |
|                |  | week<br>(list any<br>hours   | or o                              | Inst                      | Qf                             | Kej                               | emp                             | Ч                   | the organization<br>(W-2/1099-MISC)           | related organizations<br>(W-2/1099-MISC)      | compe    | f other<br>nsation from<br>rganization |
|                |  | for<br>related               | Individual trustee<br>or director | nstitutional trustee      | Officer                        | Key employee                      | Highest compensated<br>employee | mer                 |   |   | and      | d related                              |
|                |  | organiza<br>- tions<br>below | al tru<br>or                      | nal t                     |                                | bloye                             | pomp                            |                     |   |   |          |  |
|                |  | dotted<br>line)              | stee                              | ustee                     |                                | 0                                 | ensat                           |                     |   |   |          |  |
|                |  |                              |                                   | ,1                        |                                |                                   | ed                              |                     |   |   |          |  |
| (15)           |  |                              |                                   |                           |                                |                                   |                                 |                     |   |   |          |  |
| (16)           |  |                              |                                   |                           |                                |                                   |                                 |                     |   |   |          |  |
| (17)           |  |                              |                                   |                           |                                |                                   |                                 |                     |   |   |          |  |
| (18)           |  |                              |                                   |                           |                                |                                   |                                 |                     |   |   |          |  |
| (19)           |  |                              |                                   |                           |                                |                                   |                                 |                     |   |   |          |  |
| (20)           |  |                              |                                   |                           |                                |                                   |                                 |                     |   |   |          |  |
| (21)           |  |                              |                                   |                           |                                |                                   |                                 |                     |   |   |          |  |
| (22)           |  |                              |                                   |                           |                                |                                   |                                 |                     |   |   |          |  |
| <br>(23)       |  |                              |                                   |                           |                                |                                   |                                 |                     |   |   |          |  |
| (===)          |  |                              | •                                 |                           |                                |                                   |                                 |                     |   |   |          |  |
| (24)           |  |                              | -                                 |                           |                                |                                   |                                 |                     |   |   |          |  |
| (25)           |  |                              |                                   |                           |                                |                                   |                                 |                     |   |   |          |  |
| 1 b Subto      | otal   |                              |                                   |                           |                                |                                   |                                 | ►                   | 0.  | 0.  |          | 0.                                     |
|                | from continuation sheets to Part VII, Secti  |                              |                                   |                           |                                |                                   |                                 | •                   | 0.  | 0.  |          | 0.                                     |
|                | (add lines 1b and 1c)  |                              |                                   |                           |                                |                                   |                                 | ► _                 | 0.  | 0.  |          | 0.                                     |
|                | number of individuals (including but not limited the organization $\blacktriangleright$ 0                    | to those I                   | isted                             | abov                      | /e) \                          | who                               | recer                           | ved                 | more than \$100,00                            | 0 of reportable comp                          | ensatior | 1                                      |
| ITOITI         | the organization   0   |                              |                                   |                           |                                |                                   |                                 |                     |   |   |          | Yes No                                 |
| 3 Did th       | ne organization list any <b>former</b> officer, direc  | tor. truste                  | e. ke                             | ev er                     | nolo                           | ove                               | e. or                           | hiah                | est compensated                               | emplovee                                      |          |  |
| on lin         | ie 1a? If 'Yes,' complete Schedule J for suc   | h individu                   | ial                               |                           |                                |                                   |                                 |                     |   |   | 3        | Х                                      |
| the o          | ny individual listed on line 1a, is the sum or<br>rganization and related organizations greate<br>individual | er than \$1                  | 50,00                             | 20'?                      | lf '\                          | ′es,                              | ' com                           | nplei               | te Schedule J for                             |   | 4        | X                                      |
| 5 Did a        | ny person listed on line 1a receive or accru<br>ervices rendered to the organization? If 'Yes                | e comper                     | isatio                            | n fro                     | om                             | anv                               | unre                            | late                | d organization or                             | individual                                    | -        | х<br>Х                                 |
|                | B. Independent Contractors   | s, comple                    |                                   | neu                       | uie                            | 5 10                              | i suc                           | πp                  | erson   |   | 5        | Λ                                      |
| 1 Comp         | olete this table for your five highest compen<br>ensation from the organization. Report comper               | sated ind                    | epen                              | dent                      | COI                            | ntra                              | ctors                           | tha                 | t received more the                           | nan \$100,000 of                              |          |  |
| comp           | (A)  |                              |                                   | aleri                     | uai .                          | yeai                              | enui                            | ng w                | (B)   | -   | ((       | <u>;)</u>                              |
|                | Name and business add  | ress                         |                                   |                           |                                |                                   |                                 |                     | Description of                                |   |          | nsation                                |
|                |  |                              |                                   |                           |                                |                                   |                                 |                     |   |   |          |  |
|                |  |                              |                                   |                           |                                |                                   |                                 |                     |   |   |          |  |
|                |  |                              |                                   |                           |                                |                                   |                                 |                     |   |   |          |  |
| <b>0 T i</b> i | number of independent control ( 2010)  |                              |                                   | 11                        |                                | t                                 | ا جا                            |                     | ulaa waxabira t                               | then  |          |  |
|                | number of independent contractors (including l<br>,000 of compensation from the organization                 |                              | ned to                            | ว เทต                     | se I                           | ISTE                              | 1 abo                           | ve) \               | who received more                             | แทลท  |          |  |

#### Form 990 (2020) SOFTWARE IN THE PUBLIC INTEREST

#### Part VIII Statement of Revenue

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| Check if Schedule O contains a response or note to a                               | (A)<br>Total revenue | (B)   | (C)                              | (D)   |
|--|----------------------|---|----------------------------------|---|
|  | Total revenue        | Related or<br>exempt<br>function<br>revenue | Unrelated<br>business<br>revenue | Revenue<br>excluded from<br>under sectio<br>512-514 |
| 1 a Federated campaigns 1 a  |                      |   |                                  |   |
| b Membership dues 1b   | _                    |   |                                  |   |
| c Fundraising events 1c<br>d Related organizations 1d                              | - 1                  |   |                                  |   |
| e Government grants (contributions) 1 e  | -                    |   |                                  |   |
| f All other contributions, gifts, grants, and                                      | -                    |   |                                  |   |
| similar amounts not included above 1f 659, 828                                     |                      |   |                                  |   |
| g Noncash contributions included in lines 1a-1f                                    |                      |   |                                  |   |
| h Total. Add lines 1a-1f   | 659,828.             |   |                                  |   |
| Business Code  |                      |   |                                  |   |
| 2a <u>CONFERENCE REGISTRATION</u> 900099   | 6,275.               |   |                                  | 6,2   |
| b <u>MERCHANDISE 900099</u>  | 696.                 |   |                                  | 6   |
| c  |                      |   |                                  | -   |
| a  | ++                   |   |                                  |   |
| f All other program service revenue  | + +                  |   |                                  | +   |
| g Total. Add lines 2a-2f   | 6,971.               |   |                                  |   |
| 3 Investment income (including dividends, interest, and                            | 0, 571.              |   |                                  |   |
| other similar amounts)   | 20/100.              |   |                                  | 20,4  |
| 4 Income from investment of tax-exempt bond proceeds                               | >                    |   |                                  |   |
| 5 Royalties  |                      |   |                                  |   |
| (i) Real (ii) Personal   |                      |   |                                  |   |
| 6a Gross rents 6a  |                      |   |                                  |   |
| b Less: rental expenses 6b<br>c Rental income or (loss) 6c                         |                      |   |                                  |   |
| d Net rental income or (loss)  |                      |   |                                  |   |
| (i) Sequirities (ii) Other   |                      |   |                                  |   |
| sales of assets  |                      |   |                                  |   |
| other than inventory <b>7a</b><br><b>b</b> Less: cost or other basis               |                      |   |                                  |   |
| and sales expenses <b>7b</b>   |                      |   |                                  |   |
| c Gain or (loss) 7c  |                      |   |                                  |   |
| d Net gain or (loss)   | •                    |   |                                  |   |
| 8 a Gross income from fundraising events   |                      |   |                                  |   |
| (not including \$  |                      |   |                                  |   |
| of contributions reported on line 1c).<br>See Part IV, line 18                     |                      |   |                                  |   |
| See Part IV, line 18         8a           b Less: direct expenses         8b       |                      |   |                                  |   |
| c Net income or (loss) from fundraising events                                     | >                    |   |                                  |   |
|  |                      |   |                                  |   |
| 9 a Gross income from gaming activities.         See Part IV, line 19.         9 a |                      |   |                                  |   |
| b Less: direct expenses 9b   |                      |   |                                  |   |
| c Net income or (loss) from gaming activities                                      | ►                    |   |                                  |   |
| 10 a Gross sales of inventory, less  |                      |   |                                  |   |
| returns and allowances   |                      |   |                                  |   |
| b Less: cost of goods sold   |                      |   |                                  |   |
| c Net income or (loss) from sales of inventory                                     |                      |   |                                  |   |
| Business Code  | 26 601               | 26 601                                      |                                  |   |
| 11a       461 (A)       ADJUSTMENT         b                                       | 36,621.              | 36,621.                                     |                                  | -   |
| ~  | + +                  |   |                                  | +   |
| d All other revenue  |                      |   |                                  |   |
|  | 36,621.              |   |                                  |   |
| 12 Total revenue. See instructions.  | ► 723,853.           | 36,621.                                     | 0.                               | 27,4  |
|  | A0109 10/07/20       | JU, UZI.                                    | 0.                               | Eorm <b>990</b> (                                   |

| Form 990 (2020) | SOFTWARE | IN | THE | PUBLIC | INTEREST |
|-----------------|----------|----|-----|--------|----------|
|                 |          |    |     |        |          |

| Part IX Statement of Functional Expen  |                       | or organizations must              | mplata column (A)                         |                                |
|--|-----------------------|------------------------------------|---|--------------------------------|
| Section 501(c)(3) and 501(c)(4) organizations must cor<br>Check if Schedule O contains a   |                       |                                    |   | X                              |
| Do not include amounts reported on lines<br>6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
| 1 Grants and other assistance to domestic<br>organizations and domestic governments.<br>See Part IV, line 21   |                       |                                    |   | ·                              |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22  |                       |                                    |   |                                |
| 3 Grants and other assistance to foreign<br>organizations, foreign governments, and for-<br>eign individuals. See Part IV, lines 15 and 16   |                       |                                    |   |                                |
| 4 Benefits paid to or for members  |                       |                                    |   |                                |
| <b>5</b> Compensation of current officers, directors,  | 0                     | 0                                  | 0   | 0                              |
| trustees, and key employees  | 0.                    | 0.                                 | 0.  | 0                              |
| 6 Compensation not included above to<br>disqualified persons (as defined under<br>section 4958(f)(1)) and persons described<br>in section 4958(c)(3)(B)  | 0.                    | 0.                                 | 0.  | 0 .                            |
| 7 Other salaries and wages   |                       |                                    |   |                                |
| 8 Pension plan accruals and contributions<br>(include section 401(k) and 403(b)<br>employer contributions)   |                       |                                    |   |                                |
| 9 Other employee benefits  |                       |                                    |   |                                |
| 10 Payroll taxes   |                       |                                    |   |                                |
| <b>11</b> Fees for services (nonemployees):  |                       |                                    |   |                                |
| <b>a</b> Management  |                       |                                    |   |                                |
| <b>b</b> Legal   |                       |                                    |   |                                |
| c Accounting   |                       |                                    |   |                                |
| <b>d</b> Lobbying  |                       |                                    |   |                                |
| e Professional fundraising services. See Part IV, line 17  |                       |                                    |   |                                |
| f Investment management fees   |                       |                                    |   |                                |
| <ul> <li>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)</li> <li>12 Advertising and promotion</li> </ul>   |                       |                                    |   |                                |
| 13 Office expenses   |                       |                                    |   |                                |
| 14 Information technology  |                       |                                    |   |                                |
| <b>15</b> Royalties  |                       |                                    |   |                                |
| <b>16</b> Occupancy  |                       |                                    |   |                                |
| 17 Travel  |                       | 44,372.                            |   |                                |
| <ul><li>18 Payments of travel or entertainment<br/>expenses for any federal, state, or local<br/>public officials.</li></ul>   | 44,372.               | 44,372.                            |   |                                |
| 19 Conferences, conventions, and meetings  |                       |                                    |   |                                |
| <b>20</b> Interest   |                       |                                    |   |                                |
| 21 Payments to affiliates  |                       |                                    |   |                                |
| <b>22</b> Depreciation, depletion, and amortization  | 27,952.               | 27,952.                            |   |                                |
| <b>23</b> Insurance  | 2,670.                |                                    | 2,670.                                    |                                |
| 24 Other expenses. Itemize expenses not<br>covered above (List miscellaneous expenses<br>on line 24e. If line 24e amount exceeds 10%<br>of line 25, column (A) amount, list line 24e<br>expenses on Schedule O.)   |                       |                                    |   |                                |
| a PROFESSIONAL FEES  | 100,258.              | 15,994.                            | 84,264.                                   |                                |
| b INFORMATION TECHNOLOGY   | 95,463.               | 95,463.                            |   |                                |
| <sup>c</sup> <u>SOFTWARE DEVELOPMENT_&amp; DESIGN</u>  | 18,955.               | 18,955.                            |   |                                |
| d INTERNSHIPS  | 15,500.               | 15,500.                            |   |                                |
| e All other expenses. SEE SCH. O   | 36,128.               | 36,016.                            | 112.                                      |                                |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 341,298.              | 254,252.                           | 87,046.                                   | 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) | ,                     |                                    |   |                                |
| BAA  | TEE 401101 10         |                                    |   | Form <b>990</b> (2020          |

### Form 990 (2020) SOFTWARE IN THE PUBLIC INTEREST Part X Balance Sheet

| Pa                          | irt X | Balance Sheet  |   |  |           |                                       |
|-----------------------------|-------|--|---|--|-----------|---------------------------------------|
|                             |       | Check if Schedule O contains a response or note to   | any line in this Part X                               |  | <u></u> . | · · · · · · · · · · · · · · · · · · · |
|                             |       |  |   | <b>(A)</b><br>Beginning of year          |           | <b>(B)</b><br>End of year             |
|                             | 1     | Cash – non-interest-bearing.   |   | 670,160.                                 | 1         | 2,663,290.                            |
|                             | 2     | Savings and temporary cash investments   |   | 1,801,102.                               | 2         | 151,418.                              |
|                             | 3     | Pledges and grants receivable, net   |   |  | 3         |                                       |
|                             | 4     | Accounts receivable, net   |   |  | 4         | 45,741.                               |
|                             | 5     | Loans and other receivables from any current or form<br>trustee, key employee, creator or founder, substantial<br>controlled entity or family member of any of these per   | er officer, director,<br>contributor, or 35%<br>rsons |  | 5         |                                       |
|                             | 6     | Loans and other receivables from other disgualified pe   | -   |  | -         |                                       |
|                             | -     | section 4958(f)(1)), and persons described in section  |   |  | 6         |                                       |
|                             | 7     | Notes and loans receivable, net  |   |  | 7         |                                       |
| ts                          | 8     | Inventories for sale or use  |   |  | 8         |                                       |
| Assets                      | 9     | Prepaid expenses and deferred charges  | -   |  | 9         |                                       |
| As                          | 10.   |  | 1   |  |           |                                       |
|                             | 10 a  | Land, buildings, and equipment: cost or other basis.<br>Complete Part VI of Schedule D   | 10a 150,990.  |  |           |                                       |
|                             | b     | Less: accumulated depreciation   |   |  | 10 c      | 123,039.                              |
|                             | 11    | Investments – publicly traded securities   |   |  | 11        | ł                                     |
|                             | 12    | Investments - other securities. See Part IV, line 11   |   |  | 12        |                                       |
|                             | 13    | Investments - program-related. See Part IV, line 11.   |   |  | 13        |                                       |
|                             | 14    | Intangible assets.   |   |  | 14        |                                       |
|                             | 15    | Other assets. See Part IV, line 11   |   |  | 15        |                                       |
|                             | 16    | Total assets. Add lines 1 through 15 (must equal line  | 33)   | 2,471,262.                               | 16        | 2,983,488.                            |
|                             | 17    | Accounts payable and accrued expenses  |   |  | 17        | 19,839.                               |
|                             | 18    | Grants payable   |   |  | 18        |                                       |
|                             | 19    | Deferred revenue   |   |  | 19        |                                       |
|                             | 20    | Tax-exempt bond liabilities  |   |  | 20        |                                       |
| es                          | 21    | Escrow or custodial account liability. Complete Part I   | V of Schedule D                                       |  | 21        |                                       |
| Liabilities                 | 22    | Loans and other payables to any current or former off<br>key employee, creator or founder, substantial contribu-<br>controlled entity or family member of any of these per | itor, or 35%  |  | 22        |                                       |
| Ξ                           | 23    | Secured mortgages and notes payable to unrelated th  |   |  | 23        |                                       |
|                             | 24    | Unsecured notes and loans payable to unrelated third   | · · ·   |  | 24        |                                       |
|                             | 25    | Other liabilities (including federal income tax, payable<br>and other liabilities not included on lines 17-24). Com  |   |  | 25        | 1.                                    |
|                             | 26    | Total liabilities. Add lines 17 through 25   |   | 0.                                       | 26        | 19,840.                               |
| Ices                        |       | Organizations that follow FASB ASC 958, check here<br>and complete lines 27, 28, 32, and 33.   | × X   |  |           |                                       |
| llar                        | 27    | Net assets without donor restrictions  |   | 425,457.                                 | 27        | 549,751.                              |
| ñ                           | 28    | Net assets with donor restrictions   |   | 2,045,805.                               | 28        | 2,413,897.                            |
| Net Assets or Fund Balances |       | Organizations that do not follow FASB ASC 958, che<br>and complete lines 29 through 33.  | ck here ►   |  |           |                                       |
| 5                           | 29    | Capital stock or trust principal, or current funds   |   |  | 29        |                                       |
| ŝ                           | 30    | Paid-in or capital surplus, or land, building, or equipm   |   |  | 30        |                                       |
| SSE                         | 31    | Retained earnings, endowment, accumulated income,  |   |  | 31        |                                       |
| ťΑ                          | 32    | Total net assets or fund balances  |   | 2,471,262.                               | 32        | 2,963,648.                            |
| Ne                          | 33    | Total liabilities and net assets/fund balances   |   | 2,471,262.                               | 33        | 2,983,488.                            |
| BA                          |       |  | TEEA0111L 10/07/20                                    | -, -, -, -, -, -, -, -, -, -, -, -, -, - |           | Form <b>990</b> (2020)                |

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| Forr | n 990 (2020) SOFTWARE IN THE PUBLIC INTEREST 11  | -3390208 | }    | Pa          | age <b>12</b> |
|------|--|----------|------|-------------|---------------|
| Pa   | rt XI Reconciliation of Net Assets   |          |      |             |               |
|      | Check if Schedule O contains a response or note to any line in this Part XI.   |          |      |             | . Х           |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1        | 7    | 23,8        | 353.          |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2        |      |             | 298.          |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3        |      |             | 555.          |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  | 4        |      |             | 262.          |
| 5    | Net unrealized gains (losses) on investments   | 5        |      |             |               |
| 6    | Donated services and use of facilities   | 6        |      |             |               |
| 7    | Investment expenses  | 7        |      |             |               |
| 8    | Prior period adjustments   | 8        |      |             |               |
| 9    | Other changes in net assets or fund balances (explain on Schedule O). SEE SCHEDULE O   | 9        | 1    | 09,8        | 331.          |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,   |          |      |             |               |
|      | column (B))  | 10       | 2,9  | 63,6        | 548.          |
| Pa   | rt XII Financial Statements and Reporting  |          |      |             |               |
|      | Check if Schedule O contains a response or note to any line in this Part XII   |          |      |             | . П           |
|      |  |          |      | Yes         | No            |
| 1    | Accounting method used to prepare the Form 990: Cash X 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  |             | Х             |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:<br>Separate basis Consolidated basis Both consolidated and separate basis | red on a |      |             |               |
|      | b Were the organization's financial statements audited by an independent accountant?   |          | 2 b  | Х           |               |
| -    | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa   |          |      |             |               |
|      | basis, consolidated basis, or both:  |          |      |             |               |
|      | X         Separate 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 audi<br>review, or compilation of its financial statements and selection of an independent accountant?          | t,<br>   | 2 c  | Х           |               |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |          |      |             |               |
| 3    | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single<br>Audit Act and OMB Circular A-133?  |          | 3 a  |             | х             |
| I    | <b>a</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why on Schedule O and describe any steps taken to undergo such audits           |          | 3 b  |             |               |
| BAA  | TEEA0112L 10/19/20   |          | Form | 99 <b>0</b> | (2020)        |

|   |  | Public Charit   | ty Status and P   | ublic                             | Suppo                     | ort  | OMB No. 1545-0047   |
|---|--|---|---|-----------------------------------|---------------------------|--|---|
| SCHEDULE A<br>(Form 990 or 990-EZ)                                  | Com  | plete if the organizat<br>4947(a  | ion is a section 501(c)<br>)(1) nonexempt charita   | (3) organ<br>ble trust            | ization o                 |  | 2020  |
| Department of the Treasury  |  |   | ch to Form 990 or Forr  |                                   |                           |  | Open to Public  |
| Department of the Treasury<br>Internal Revenue Service              | ► (  | Go to www.irs.gov/Fo  | rm990 for instructions  | and the                           | latest inf                |  | Inspection  |
|   | SOFTWARE II<br>DBA: SPI  | N THE PUBLIC I  | INTEREST  |                                   |                           | Employer identifica                                |   |
| Part I Reason for   | or Public Cha  | rity Status. (All o   | rganizations must   | comple                            | te this                   |  |   |
| The organization is not   | •  | •   | <b>u</b>  |                                   | 2                         | ,  |   |
| 2 A school desc   | ribed in section 1   | 70(b)(1)(A)(ii). (Attach 3  | nurches described in <b>sec</b><br>Schedule E (Form 990 or                                  | 990-EZ)                           | .)                        |  |   |
|   | •  |   | zation described in sec   |                                   |                           | •••  |   |
| name, city, a   | -  |   | Inction with a hospital   |                                   |                           |  | nter the hospital's   |
| 5 An organizat<br>section 170(I                                     | ion operated for<br>b <b>)(1)(A)(iv).</b> (Co                                      | the benefit of a colle mplete Part II.)   | ge or university owned  | or opera                          | ated by a                 | governmental unit de                               | scribed in  |
|   | ate, or local gov  | ernment or governme   | ntal unit described in s  | ection 1                          | 70(b)(1)(A                | 4)(v).   |   |
| 7 X An organization<br>in section 17                                | on that normally r<br><b>0(b)(1)(A)(vi).</b> (                                     | eceives a substantial p<br>Complete Part II.)   | art of its support from a   | governme                          | ental unit d              | or from the general pub                            | lic described   |
| 8 A community   | trust described  | in section 170(b)(1)(A  | A)(vi). (Complete Part  | l.)                               |                           |  |   |
|   | r a non-land-grai  | nt college of agriculture   | tion 170(b)(1)(A)(ix) oper<br>(see instructions). Enter                                     | the nam                           |                           |  |   |
| 10 An organizati<br>from activitie<br>investment ir<br>June 30, 197 | ion that normall<br>s related to its o<br>come and unre<br>5. See <b>section !</b> | y receives (1) more the exempt functions, sub<br>lated business taxable <b>509(a)(2).</b> (Complete F | nan 33-1/3% of its supp<br>ject to certain exceptio<br>e income (less section<br>Part III.) | oort from<br>ns; and<br>511 tax)  | from bus                  | sinesses acquired by t                             | es, and gross receipts<br>s support from gross<br>he organization after |
| 11 An organizat   | ion organized ar   | nd operated exclusive   | ly to test for public safe  | ety. See                          | section 5                 | 509(a)(4).   |   |
| or more publ  | icly supported o   | rganizations describe   | ly for the benefit of, to<br>d in <b>section 509(a)(1)</b> o<br>upporting organization      | or <b>sectio</b>                  | n 509(a)(2                | 2). See section 509(a)                             | t the purposes of one<br>(3). Check the box in                          |
| a Type I. A support organization(s                                  | orting organizati  | on operated, supervised<br>gularly appoint or elect   | d, or controlled by its sup<br>a majority of the directo                                    | ported or                         | manizatior                | n(s), typically by giving                          | the supported<br>on. <b>You must</b>                                    |
| management  | pporting organiz<br>of the supporting<br>te Part IV, Sect                          | organization vested in  | ontrolled in connection<br>the same persons that c  | with its<br>ontrol or             | supported<br>manage th    | d organization(s), by h<br>he supported organizati | naving control or<br>on(s). <b>You</b>                                  |
|   |  |   | ion operated in connectio<br>blete Part IV, Sections  | n with, an<br><b>A, D, anc</b>    | d function                | ally integrated with, its s                        | supported   |
| functionally in   | ntegrated. The c   | organization generally  | anization operated in cor<br>must satisfy a distribu<br>s A and D, and Part V.              | nection v<br>tion requ            | vith its sup<br>irement a | pported organization(s)<br>and an attentiveness    | that is not<br>requirement (see   |
| integrated, or  | r Type III non-fu  | nctionally integrated s   | en determination from supporting organization   | 1.                                |                           |  | -   |
|   | • •  | organizations   | l organization(c)   |                                   |                           |  |   |
| (i) Name of supported of  | Ŧ  | (ii) EIN  | (iii) Type of organization  | (iv) is                           | the                       | (v) Amount of monetary                             | (vi) Amount of other  |
|   | o gameatori  |   | (described on lines 1-10<br>above (see instructions))                                       | organizati<br>in your go<br>docum | on listed                 | support (see instructions)                         | support (see instructions)  |
|   |  |   |   | Yes                               | No                        |  |   |
| (A)   |  |   |   |                                   |                           |  |   |
| <u>(B)</u>  |  |   |   |                                   |                           |  |   |
| (C)   |  |   |   |                                   |                           |  |   |
| (D)   |  |   |   |                                   |                           |  |   |
| (E)   |  |   |   |                                   |                           |  |   |

Total

| Schedule A (Form 990 or 990-EZ) 2020 | SOFTWARE | IN THE | PUBLIC | INTEREST |
|--------------------------------------|----------|--------|--------|----------|
|--------------------------------------|----------|--------|--------|----------|

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support

| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2016                           | <b>(b)</b> 2017                         | <b>(c)</b> 2018                              | <b>(d)</b> 2019                         | <b>(e)</b> 2020                     | (f) Total              |
|--------------|---|---|---|--|---|-------------------------------------|------------------------|
| 1            | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any 'unusual grants.')  | 428,087.                                  | 635,009.                                | 1,444,778.                                   | 920,577.                                | 659,828.                            | 4,088,279.             |
| 2            | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |   |   |  |   |                                     | 0.                     |
| 3            | The value of services or facilities furnished by a governmental unit to the organization without charge   |   |   |  |   |                                     | 0.                     |
| 4            | Total. Add lines 1 through 3  | 428,087.                                  | 635,009.                                | 1,444,778.                                   | 920,577.                                | 659,828.                            | 4,088,279.             |
| 5            | The portion of total<br>contributions by each person<br>(other than a governmental<br>unit or publicly supported<br>organization) included on line 1<br>that exceeds 2% of the amount<br>shown on line 11, column (f) |   |   |  |   |                                     | 745,993.               |
| 6            | Public support. Subtract line 5 from line 4   |   |   |  |   |                                     | 3,342,286.             |
| Sec          | tion B. Total Support   |   |   |  |   |                                     |                        |
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2016                           | <b>(b)</b> 2017                         | <b>(c)</b> 2018                              | <b>(d)</b> 2019                         | <b>(e)</b> 2020                     | <b>(f)</b> Total       |
| 7            | Amounts from line 4   | 428,087.                                  | 635,009.                                | 1,444,778.                                   | 920,577.                                | 659,828.                            | 4,088,279.             |
| 8            | Gross income from interest,<br>dividends, payments received<br>on securities loans, rents,<br>royalties, and income from<br>similar sources   | 343.                                      | 303.                                    | 383.   | 2,757.                                  |                                     | 3,786.                 |
| 9            | Net income from unrelated<br>business activities, whether or<br>not the business is regularly<br>carried on   |   |   |  |   |                                     | 0.                     |
| 10           | Other income. Do not include<br>gain or loss from the sale of<br>capital assets (Explain in<br>Part VI.)  |   |   |  |   |                                     | 0.                     |
|              | Total support. Add lines 7 through 10   |   |   |  |   |                                     | 4,092,065.             |
| 12           | Gross receipts from related activ   | vities, etc. (see ins                     | structions)                             |  |   | 12                                  | 122,753.               |
| 13           | First 5 years. If the Form 990 is organization, check this box and  | for the organization stop here            | on's first, second,                     | third, fourth, or fi                         | ifth tax year as a                      | section 501(c)(3)                   | ►                      |
| Sec          | tion C. Computation of Pu   | blic Support P                            | ercentage                               |  |   |                                     |                        |
|              | Public support percentage for 20  |   |   |  |   |                                     | 81.68%                 |
|              | Public support percentage from  |   |   |  |   |                                     | 80.79%                 |
| 16a          | <b>33-1/3% support test-2020.</b> If t and <b>stop here.</b> The organization   | he organization di<br>qualifies as a put  | d not check the b<br>plicly supported o | oox on line 13, and<br>rganization           | d line 14 is 33-1/3                     | 3% or more, check                   | < this box<br>·····► Χ |
| b            | 33-1/3% support test-2019. If the and stop here. The organization   | ne organization dic<br>qualifies as a pul | d not check a box<br>blicly supported c | on line 13 or 16a                            | , and line 15 is 3                      | 3-1/3% or more, o                   | check this box<br>►    |
| 17a          | <b>10%-facts-and-circumstances te</b><br>or more, and if the organization<br>the organization meets the facts   | meets the facts-a                         | nd-circumstances                        | s test. check this b                         | box and <b>stop here</b>                | . Explain in Part                   | VI how                 |
|              | <b>10%-facts-and-circumstances te</b><br>or more, and if the organization<br>organization meets the 'facts-an   | meets the facts-a<br>d-circumstances'     | nd-circumstances test. The organization | s test, check this b<br>ation qualifies as a | box and stop here<br>a publicly support | e. Explain in Part ed organization. | VI how the             |
| 18           | Private foundation. If the organized  | zation did not che                        | ck a box on line                        | 13, 16a, 16b, 17a,                           | , or 17b, check th                      | is box and see ins                  | structions ►           |
| BAA          |   |   |   |  | Sel                                     | hedule A (Earm 90                   | 90 or 990-EZ) 2020     |

Schedule A (Form 990 or 990-EZ) 2020

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|  |           | eeneat      |         | • ·     | Lations      | 20001120      |           |
|--|-----------|-------------|---------|---------|--------------|---------------|-----------|
|  | (Complete | only if you | checked | the box | on line 5, 7 | , or 8 of Par | t I or if |
|  |           |             |         |         |              |               |           |

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Page 3

#### Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec    | tion A. Public Support   |                      |                          |                      |                    |                    |                  |
|--------|--|----------------------|--------------------------|----------------------|--------------------|--------------------|------------------|
| Calend | lar year (or fiscal year beginning in) 🕨                           | (a) 2016             | <b>(b)</b> 2017          | (c) 2018             | (d) 2019           | (e) 2020           | (f) Total        |
| 1      | Gifts, grants, contributions, and membership fees                  |                      |                          |                      |                    |                    |                  |
|        | received. (Do not include  |                      |                          |                      |                    |                    |                  |
| ~      | any 'unusual grants.')   |                      |                          |                      |                    |                    |                  |
| 2      | Gross receipts from admissions,<br>merchandise sold or services    |                      |                          |                      |                    |                    |                  |
|        | performed, or facilities   |                      |                          |                      |                    |                    |                  |
|        | furnished in any activity that is                                  |                      |                          |                      |                    |                    |                  |
|        | related to the organization's tax-exempt purpose                   |                      |                          |                      |                    |                    |                  |
| 3      | Gross receipts from activities                                     |                      |                          |                      |                    |                    |                  |
|        | that are not an unrelated trade                                    |                      |                          |                      |                    |                    |                  |
|        | or business under section 513.                                     |                      |                          |                      |                    |                    |                  |
| 4      | Tax revenues levied for the organization's benefit and             |                      |                          |                      |                    |                    |                  |
|        | either paid to or expended on                                      |                      |                          |                      |                    |                    |                  |
| _      | its behalf   |                      |                          |                      |                    |                    |                  |
| 5      | The value of services or facilities furnished by a                 |                      |                          |                      |                    |                    |                  |
|        | governmental unit to the   |                      |                          |                      |                    |                    |                  |
|        | organization without charge  |                      |                          |                      |                    |                    |                  |
|        | Total. Add lines 1 through 5                                       |                      |                          |                      |                    |                    |                  |
| 7a     | Amounts included on lines 1,<br>2, and 3 received from             |                      |                          |                      |                    |                    |                  |
|        | disqualified persons.  |                      |                          |                      |                    |                    |                  |
| b      | Amounts included on lines 2  |                      |                          |                      |                    |                    |                  |
|        | and 3 received from other than                                     |                      |                          |                      |                    |                    |                  |
|        | disqualified persons that<br>exceed the greater of \$5,000 or      |                      |                          |                      |                    |                    |                  |
|        | 1% of the amount on line 13  |                      |                          |                      |                    |                    |                  |
|        | for the year   |                      |                          |                      |                    |                    |                  |
| С      | Add lines 7a and 7b  |                      |                          |                      |                    |                    |                  |
| 8      | Public support. (Subtract line 7c from line 6.)                    |                      |                          |                      |                    |                    |                  |
| Sec    | tion B. Total Support  |                      |                          |                      |                    |                    |                  |
|        | dar year (or fiscal year beginning in) ►                           | (a) 2016             | <b>(b)</b> 2017          | (c) 2018             | (d) 2019           | (e) 2020           | (f) Total        |
|        | Amounts from line 6  | (4) 2010             | (0) 2017                 | (0) 2010             | (4) 2015           | (0) 2020           | (i) Fotal        |
| -      | Gross income from interest, dividends,                             |                      |                          |                      |                    |                    |                  |
| ivu    | payments received on securities loans,                             |                      |                          |                      |                    |                    |                  |
|        | rents, royalties, and income from similar sources                  |                      |                          |                      |                    |                    |                  |
| b      | Unrelated business taxable   |                      |                          |                      |                    |                    |                  |
| ~      | income (less section 511   |                      |                          |                      |                    |                    |                  |
|        | taxes) from businesses acquired after June 30, 1975.               |                      |                          |                      |                    |                    |                  |
| ~      | Add lines 10a and 10b  |                      |                          |                      |                    |                    |                  |
| 11     | Net income from unrelated business                                 |                      |                          |                      |                    |                    |                  |
|        | activities not included in line 10b,                               |                      |                          |                      |                    |                    |                  |
|        | whether or not the business is regularly carried on                |                      |                          |                      |                    |                    |                  |
| 12     | Other income. Do not include                                       |                      |                          |                      |                    |                    |                  |
|        | gain or loss from the sale of                                      |                      |                          |                      |                    |                    |                  |
|        | capital assets (Explain in Part VI.).                              |                      |                          |                      |                    |                    |                  |
| 13     | Total support. (Add lines 9,                                       |                      |                          |                      |                    |                    |                  |
|        | 10c, 11, and 12.)  |                      |                          |                      |                    |                    |                  |
| 14     | First 5 years. If the Form 990 is organization, check this box and | for the organization | on's first, second,      | third, fourth, or f  | ifth tax year as a | section 501(c)(3)  | ⊾□               |
| Sec    | tion C. Computation of Pu  |                      |                          |                      |                    |                    |                  |
|        | Public support percentage for 20                                   |                      |                          | ne 13 column (f)     | )                  |                    | 0/0              |
| 16     | Public support percentage from                                     | •                    |                          |                      |                    |                    | 0/0              |
| -      | tion D. Computation of Inv   |                      |                          |                      |                    |                    | •                |
| 17     | Investment income percentage f                                     |                      |                          |                      | umn (f))           |                    | 00               |
| 18     | Investment income percentage f                                     | -                    |                          | -                    |                    |                    |                  |
|        | <b>33-1/3% support tests—2020.</b> If                              |                      |                          |                      |                    |                    |                  |
| 1Jd    | is not more than 33-1/3%, check                                    | this box and sto     | <b>p here.</b> The organ | nization qualifies a | as a publicly supp | orted organization | L III Ie 17<br>► |
| b      | 33-1/3% support tests-2019. If t                                   | the organization c   | lid not check a bo       | x on line 14 or lin  | ne 19a, and line 1 | 6 is more than 33- | 1/3%, and        |
|        | line 18 is not more than 33-1/3%                                   |                      | -                        |                      |                    |                    |                  |
| 20     | Private foundation. If the organi                                  | zation did not che   | eck a box on line        | 14, 19a, or 19b, c   | check this box and | see instructions.  | ▶                |

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

|   |   |     | Yes | No |
|---|---|-----|-----|----|
|   | 1 Are all of the organization's supported organizations listed by name in the organization's governing documents?<br>If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe<br>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<br>509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was<br>described in section 509(a)(1) or (2).   | 2   |     |    |
|   | 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.  | 3a  |     |    |
|   | <b>b</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  |     |    |
|   | c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.   | 3c  |     |    |
|   | 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and<br>if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.   | 4a  |     |    |
|   | <b>b</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  |     |    |
|   | c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <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  |     |    |
| ł | <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in <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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  | 5b  |     |    |
|   | c Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5c  |     |    |
| ( | 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)</i> .   | 7   |     |    |
| ; | 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).   | 8   |     |    |
| ! | 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.  | 9a  |     |    |
|   | <b>b</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  |     |    |
|   | c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>   | 9c  |     |    |
| 1 | <b>0a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes</i> ,' <i>answer line 10b below.</i>  | 10a |     |    |
|   | <b>b</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 |     |    |

#### Schedule A (Form 990 or 990-EZ) 2020 SOFTWARE IN THE PUBLIC INTEREST

| ra       | in in Supporting Organizations (continued)  |     |    |
|----------|---|-----|----|
|          |   | Yes | No |
| 11       | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
|          | a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,             |     |    |
|          | the governing body of a supported organization? 11a   |     |    |
|          | <b>b</b> A family member of a person described in line 11a above? 11b   |     |    |
|          | c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI. |     |    |
| <u> </u> | ation D. Tyme I. Symmetries Owneringtions   |     |    |

#### Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

#### Section C. Type II Supporting Organizations

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

#### Section D. All Type III Supporting Organizations

|   |   | Yes | 110 |
|---|---|-----|-----|
| 1 Did the organization provide to each of its supported organizations, by the la organization's tax year, (i) a written notice describing the type and amount or year, (ii) a copy of the Form 990 that was most recently filed as of the date of t | of support provided during the prior tax                                      |     |     |
| organization's governing documents in effect on the date of notification, to the  |   |     |     |
| 2 Were any of the organization's officers, directors, or trustees either (i) appoint organization(s) or (ii) serving on the governing body of a supported organization  | nted or elected by the supported tion? If 'No.' explain in <b>Part VI</b> how |     |     |
| the organization maintained a close and continuous working relationship with  | h the supported organization(s).  |     |     |
| By reason of the relationship described in line 2, above, did the organization's sup voice in the organization's investment policies and in directing the use of the all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's investment policies and in directing the use of the all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's investment policies and in directing the use of the all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's investment policies and in directing the use of the all times during the tax year?   | organization's income or assets at  |     |     |
| in this regard.   | 3   |     |     |

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

#### 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

Yes

2a

2b

3a

3h

No

Yes

1

2

No

No

11-3390208

### Schedule A (Form 990 or 990-EZ) 2020 SOFTWARE IN THE PUBLIC INTEREST Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### 11-3390208

Page 6

| (A) Prior Year | (B) Current Yea<br>(optional) |
|----------------|-------------------------------|
|                |                               |
|                |                               |
|                |                               |
|                |                               |
|                |                               |
|                |                               |
|                |                               |
|                |                               |
|                |                               |
|                |                               |
|                |                               |
|                |                               |
|                |                               |
|                | Current Year                  |
|                |                               |
|                |                               |
|                |                               |
|                |                               |
|                |                               |
|                |                               |

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

BAA

Schedule A (Form 990 or 990-EZ) 2020

| Par |  | upporting Organiza             | ations (continue                    | ea) |   |
|-----|--|--------------------------------|-------------------------------------|-----|---|
| Sec | tion D – Distributions   |                                |                                     |     | Current Year                              |
| 1   | Amounts paid to supported organizations to accomplish exempt pu  | irposes                        |                                     | 1   |   |
| 2   | Amounts paid to perform activity that directly furthers exempt purposes  | IS,                            |                                     |     |   |
|     | in excess of income from activity  |                                | 2                                   |     |   |
|     | Administrative expenses paid to accomplish exempt purposes of su   | upported organizations         |                                     | 3   |   |
| 4   | Amounts paid to acquire exempt-use assets  |                                |                                     | 4   |   |
|     | Qualified set-aside amounts (prior IRS approval required – provide   | e details in <b>Part VI</b> )  |                                     | 5   |   |
|     | Other distributions (describe in <b>Part VI</b> ). See instructions.   |                                |                                     | 6   |   |
|     |  |                                | 1.1.2                               | 7   |   |
| 8   | Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions.   | ion is responsive (provide     | details                             | 8   |   |
| 9   | Distributable amount for 2020 from Section C, line 6   |                                |                                     | 9   |   |
| 10  | Line 8 amount divided by line 9 amount   |                                |                                     | 10  |   |
|     | tion E – Distribution Allocations (see instructions)   | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributi<br>Pre-2020 | ons | (iii)<br>Distributable<br>Amount for 2020 |
| 1   | Distributable amount for 2020 from Section C, line 6   |                                |                                     |     |   |
| 2   | Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in <b>Part VI</b></i> ). See instructions.   |                                |                                     |     |   |
| 3   | Excess distributions carryover, if any, to 2020  |                                |                                     |     |   |
| а   | From 2015  |                                |                                     |     |   |
| b   | PFrom 2016   |                                |                                     |     |   |
| -   | From 2017  |                                |                                     |     |   |
|     | From 2018  |                                |                                     |     |   |
| e   | e From 2019  |                                |                                     |     |   |
| 1   | f Total of lines 3a through 3e   |                                |                                     |     |   |
| g   | Applied to underdistributions of prior years   |                                |                                     |     |   |
| h   | Applied to 2020 distributable amount   |                                |                                     |     |   |
|     | Carryover from 2015 not applied (see instructions)   |                                |                                     |     |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.   |                                |                                     |     |   |
| 4   | Distributions for 2020 from Section D,<br>line 7: \$   |                                |                                     |     |   |
| а   | Applied to underdistributions of prior years   |                                |                                     |     |   |
| -   | Applied to 2020 distributable amount   |                                |                                     |     |   |
| C   | Remainder. Subtract lines 4a and 4b from line 4.   |                                |                                     |     |   |
| 5   | Remaining underdistributions for years prior to 2020, if any.<br>Subtract lines 3g and 4a from line 2. For result greater than<br>zero, <i>explain in <b>Part VI</b></i> . See instructions. |                                |                                     |     |   |
| 6   | Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                                     |                                |                                     |     |   |
| 7   | Excess distributions carryover to 2021. Add lines 3j and 4c.   |                                |                                     |     |   |
| 8   | Breakdown of line 7:   |                                |                                     |     |   |
| а   | Excess from 2016   |                                |                                     |     |   |
|     | Excess from 2017   |                                |                                     |     |   |
| C   | Excess from 2018   |                                |                                     |     |   |
| C   | Excess from 2019   |                                |                                     |     |   |
|     | Excess from 2020   |                                |                                     |     |   |

Schedule A (Form 990 or 990-EZ) 2020

| (Fo<br>Depar     | HEDULE D<br>rm 990)<br>trenent of the Treasury<br>al Revenue Service<br>of the organization | ► Complet<br>Part IV, line 6  | Diemental Financial State<br>e if the organization answered 'Yes'<br>, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e,<br>► Attach to Form 990.<br>gov/Form990 for instructions and th | OMB No. 1545-0047 2020 Open to Public Inspection Employer identification number |                                  |
|------------------|---|---|--|---|----------------------------------|
|                  |   | E PUBLIC INTEREST   |  |   |                                  |
|                  | A: SPI  | tions Maintaining Done  | r Advised Funds or Other Sir   | milar Funda ar Aa   | 11-3390208                       |
| Par              | Complete  | if the organization ans   | vered 'Yes' on Form 990, Par   | t IV, line 6.   | counts.                          |
|                  | · · ·   |   | (a) Donor advised funds  | <b>(b)</b> F  | unds and other accounts          |
| 1<br>2<br>3<br>4 | Aggregate value of con<br>Aggregate value of gra  | end of year<br>ntributions to (during year)<br>ants from (during year)<br>at end of year  |  |   |                                  |
| 5                | are the organizat   | ion's property, subject to the  | or advisors in writing that the assets<br>organization's exclusive legal contro  | 1?  | Yes No                           |
| 6                | Did the organizat<br>for charitable pur<br>impermissible pri                                | ion inform all grantees, dono poses and not for the benefit vate benefit?   | rs, and donor advisors in writing that<br>of the donor or donor advisor, or for  | t grant funds can be us<br>r any other purpose co                               | sed only<br>nferring<br>Yes No   |
| Par              |   | tion Easements.   | vered 'Yes' on Form 990, Par   | + 1)/ line 7  |                                  |
| 1                | Purpose(s) of con<br>Preservation of<br>Protection of<br>Preservation<br>Complete lines 2a  | nservation easements held by<br>of land for public use (for examp<br>natural habitat<br>of open space<br>through 2d if the organization h | the organization (check all that app   | ly).<br>Preservation of a histo<br>Preservation of a certi                      |                                  |
|                  |   | conservation easements  | nents  | <b>2</b> a  | Held at the End of the Tax Year  |
|                  |   |   | ied historic structure included in (a)   |   |                                  |
| (                | structure listed in   | the National Register   | n (c) acquired after 7/25/06, and not  | 2d  |                                  |
| 3                | tax year ►  |   | sferred, released, extinguished, or term   | ninated by the organization   | on during the                    |
| 4<br>5<br>6      | Does the organiz<br>and enforcement<br>Staff and voluntee                                   | of the conservation easement  | garding the periodic monitoring, insp<br>its it holds?<br>nspecting, handling of violations, and e   |   | Yes No                           |
| 7                | <ul> <li>Amount of expens</li> <li>▶\$</li> </ul>   | es incurred in monitoring, inspe  | cting, handling of violations, and enford  | cing conservation easem   | ents during the year             |
| 8                | and section 170(  | h)(4)(B)(ii)?   | n line 2(d) above satisfy the requirem   |   | Yes No                           |
| 9                | include, if application conservation eas  | able, the text of the footnote<br>ements.   | orts conservation easements in its ro<br>o the organization's financial statem   | ents that describes the   | e organization's accounting for  |
| Par              | t III Organiza<br>Complete  | tions Maintaining Colle   | <b>ctions of Art, Historical Treas</b><br>wered 'Yes' on Form 990, Par   | sures, or Other Sir<br>t IV, line 8.  | nilar Assets.                    |
|                  | historical treasure<br>Part XIII the text   | es, or other similar assets he<br>of the footnote to its financia   | FASB ASC 958, not to report in its d for public exhibition, education, or I statements that describes these ite  | research in furtheranc<br>ms.   | ce of public service, provide in |
| I                | historical treasures<br>following amount  | s, or other similar assets held for<br>is relating to these items:  | FASB ASC 958, to report in its rever<br>r public exhibition, education, or resear  | rch in furtherance of pub   | lic service, provide the         |
|                  | ••  |   | line 1   |   |                                  |
| 2                | .,  |   | istorical treasures, or other similar asse<br>ASC 958 relating to these items:   |   | ····· +                          |
|                  | a Revenue included  | d on Form 990, Part VIII, line  | 1  |   | ▶\$                              |
| BAA              | For Paperwork R   | Reduction Act Notice, see the   | Instructions for Form 990.   | TEEA3301L 08/18/20  | Schedule D (Form 990) 2020       |

| Schedule D (Form 990) 2020 SOFT  |                 |                                |                          |                                       | 11-3390                               | -                     |
|--|-----------------|--------------------------------|--------------------------|---------------------------------------|---------------------------------------|-----------------------|
| Part III Organizations Mainta  | ining Colle     | ctions of Art                  | , Historica              | l Treasures, or C                     | Other Similar Asso                    | ets (continued)       |
| <b>3</b> Using the organization's acquisition items (check all that apply):  | n, accession, a | nd other records,              | check any of             | the following that mak                | e significant use of its o            | collection            |
| <b>a</b> Public exhibition   |                 | d                              | Loan or exc              | change program                        |                                       |                       |
| <b>b</b> Scholarly research  |                 | e                              | Other                    |                                       |                                       |                       |
| c Preservation for future gener  |                 |                                |                          |                                       |                                       |                       |
| 4 Provide a description of the organiz<br>Part XIII.   |                 |                                |                          |                                       |                                       |                       |
| 5 During the year, did the organiza to be sold to raise funds rather the sold to raise funds the sold to raise funds rather the sold to rather the sold to raise funds rather the sold to rather t | tion solicit or | receive donatio                | ns of art, hist          | corical treasures, or or contraction? | other similar assets                  | Yes No                |
| Part IV Escrow and Custodia  |                 |                                |                          |                                       |                                       |                       |
| line 9, or reported an   | amount on       | Form 990, P                    | art X, line              | 21.                                   |                                       |                       |
| <b>1</b> a Is the organization an agent, true  | stee, custodia  | n or other interr              | nediary for co           | ontributions or other                 | assets not included                   |                       |
| on Form 990, Part X?   |                 |                                |                          |                                       | · · · · · · · · · · · · · · · · · · · | Yes No                |
| <b>b</b> If 'Yes,' explain the arrangement   | in Part XIII a  | and complete the               | e following ta           | ble:                                  | r                                     |                       |
| - Designing helence  |                 |                                |                          |                                       |                                       | Amount                |
| c Beginning balance<br>d Additions during the year   |                 |                                |                          |                                       |                                       |                       |
| e Distributions during the year  |                 |                                |                          |                                       |                                       |                       |
| f Ending balance   |                 |                                |                          |                                       |                                       |                       |
| <b>2a</b> Did the organization include an a  |                 |                                |                          |                                       |                                       | Yes No                |
| <b>b</b> If 'Yes,' explain the arrangement   |                 |                                |                          |                                       | -                                     |                       |
|  |                 |                                |                          |                                       |                                       |                       |
| Part V Endowment Funds. C  | complete if     | the organizat                  | tion answe               | red 'Yes' on Forr                     | n 990, Part IV, lin                   | e 10.                 |
| •  | (a) Current     | year (b)                       | Prior year               | (c) Two years back                    | (d) Three years back                  | (e) Four years back   |
| <b>1 a</b> Beginning of year balance   |                 |                                |                          |                                       |                                       |                       |
| <b>b</b> Contributions   |                 |                                |                          |                                       |                                       |                       |
| c Net investment earnings, gains, and losses   |                 |                                |                          |                                       |                                       |                       |
| <b>d</b> Grants or scholarships  |                 |                                |                          |                                       |                                       |                       |
| e Other expenditures for facilities  |                 |                                |                          |                                       |                                       |                       |
| and programs   |                 |                                |                          |                                       |                                       |                       |
| f Administrative expenses  |                 |                                |                          |                                       |                                       |                       |
| <ul><li>g End of year balance</li><li>2 Provide the estimated percentag</li></ul>  | a of the ourre  | nt year and hale               | naa (lina 1a             | adumn (a)) hold as                    |                                       |                       |
| a Board designated or guasi-endowm   |                 | ମା year enu baia<br>ତୁ         | ance (inte ty,           | coluititi (a)) tielu as               | •                                     |                       |
| b Permanent endowment ►  | <u> </u>        |                                |                          |                                       |                                       |                       |
| c Term endowment ►   | °               |                                |                          |                                       |                                       |                       |
| The percentages on lines 2a, 2b, a   | nd 2c should e  | gual 100%.                     |                          |                                       |                                       |                       |
|  |                 |                                |                          |                                       |                                       |                       |
| <b>3a</b> Are there endowment funds not in torganization by:   | ine possession  | of the organizati              | on that are ne           | ia and administered to                | or the                                | Yes No                |
| (i) Unrelated organizations  |                 |                                |                          |                                       |                                       | 3a(i)                 |
| (ii) Related organizations   |                 |                                |                          |                                       |                                       | 3a(ii)                |
| <b>b</b> If 'Yes' on line 3a(ii), are the rela   | ated organizat  | tions listed as re             | equired on Sc            | hedule R?                             |                                       | 3b                    |
| 4 Describe in Part XIII the intended   |                 | -                              | ndowment fu              | nds.                                  |                                       |                       |
| Part VI Land, Buildings, and   |                 |                                |                          |                                       |                                       |                       |
| Complete if the organ  | ization ans     | wered 'Yes' o                  | on Form 99               | 0, Part IV, line 1                    | 1a. See Form 990                      | ), Part X, line 10.   |
| Description of property  |                 | (a) Cost or othe<br>(investmer | r basis <b>(b</b><br>nt) | ) Cost or other<br>basis (other)      | (c) Accumulated depreciation          | (d) Book value        |
| <b>1 a</b> Land  |                 |                                |                          |                                       |                                       |                       |
| <b>b</b> Buildings   |                 |                                |                          |                                       |                                       |                       |
| c Leasehold improvements   |                 |                                |                          |                                       |                                       |                       |
| d Equipment  |                 |                                |                          | 150,990.                              | 27,951.                               | 123,039.              |
| e Other  |                 |                                |                          |                                       |                                       |                       |
| Total. Add lines 1a through 1e. (Colum   | nn (d) must eo  | qual Form 990, l               | Part X, colum            | n (B), line 10c.)                     |                                       | 123,039.              |
| BAA  |                 |                                |                          |                                       | Schedu                                | ule D (Form 990) 2020 |

Schedule D (Form 990) 2020

| Schedule                 | D (Form 990) 2020 SOFTWARE IN THE PI                                     | JBLIC INTEREST                        | 11-339   | 90208 Page 3            |
|--------------------------|--|---------------------------------------|--|-------------------------|
| Part VII                 | Investments – Other Securities.<br>Complete if the organization answered | l 'Yes' on Form 990                   | N/A<br>), Part IV, line 11b. See Form 9                                  | 90, Part X, line 12.    |
| <b>(a)</b> Desc          | cription of security or category (including name of security)            | (b) Book value                        | (c) Method of valuation: Cost or end-o                                   | f-year market value     |
| .,                       | cial derivatives   |                                       |  |                         |
| • •                      | y held equity interests.   |                                       |  |                         |
| (3) Other                |  |                                       |  |                         |
| (A)<br>(B)               |  |                                       |  |                         |
|                          |  |                                       |  |                         |
| (C)                      |  |                                       |  |                         |
| (D)<br>(E)               |  |                                       |  |                         |
| <u>(F)</u>               |  |                                       |  |                         |
| (G)                      |  |                                       |  |                         |
| $\frac{(\alpha)}{(H)} =$ |  |                                       |  |                         |
| (I)                      |  |                                       |  |                         |
|                          | mn (b) must equal Form 990, Part X, column (B) line 12.) •               |                                       |  |                         |
|                          | Investments – Program Related.   | •                                     | N/A  |                         |
|                          | Complete if the organization answered<br>(a) Description of investment   | I 'Yes' on Form 990<br>(b) Book value | ), Part IV, line 11c. See Form 9<br>(c) Method of valuation: Cost or end |                         |
| (1)                      | (a) Description of investment  | (D) BOOK Value                        | (c) Method of Valuation: Cost or end                                     | -of-year market value   |
| (1)                      |  |                                       |  |                         |
| (2)                      |  |                                       |  |                         |
| (3)<br>(4)               |  |                                       |  |                         |
| (5)                      |  |                                       |  |                         |
| (6)                      |  |                                       |  |                         |
| (7)                      |  |                                       |  |                         |
| (8)                      |  |                                       |  |                         |
| (9)                      |  |                                       |  |                         |
| (10)                     |  |                                       |  |                         |
|                          | mn (b) must equal Form 990, Part X, column (B) line 13.) 🕨               |                                       |  |                         |
| Part IX                  | Other Assets.<br>Complete if the organization answered                   | N/A<br>Ves' on Form 990               | ) Part IV/ line 11d See Form 9   | 90 Part X line 15       |
|                          |  | scription                             | , rartiv, interrit. See roini 9  | (b) Book value          |
| (1)                      |  | F                                     |  |                         |
| (2)                      |  |                                       |  |                         |
| (3)                      |  |                                       |  |                         |
| (4)                      |  |                                       |  |                         |
| (5)<br>(6)               |  |                                       |  |                         |
| (7)                      |  |                                       |  |                         |
| (8)                      |  |                                       |  |                         |
| (9)                      |  |                                       |  |                         |
| (10)                     |  |                                       |  |                         |
| Total. (Co               | olumn (b) must equal Form 990, Part X, column (                          | B) line 15.)                          | ►  |                         |
| Part X                   | Other Liabilities.   | Same OOO David IV Line 11             |  |                         |
| 1.                       | Complete if the organization answered 'Yes' on F                         | iption of liability                   | Te or TIT. See Form 990, Part X, The 25                                  | (b) Book value          |
|                          | eral income taxes  |                                       |  |                         |
|                          | INDING   |                                       |  | 1.                      |
| (3)                      |  |                                       |  |                         |
| (4)                      |  |                                       |  |                         |
| (5)                      |  |                                       |  |                         |
| (6)                      |  |                                       |  |                         |
| (7)                      |  |                                       |  |                         |
| (8)<br>(9)               |  |                                       |  |                         |
| (10)                     |  |                                       |  |                         |
| (11)                     |  |                                       |  |                         |
|                          | mn (b) must equal Form 990, Part X, column (B) line 25.)                 |                                       |  | 1.                      |
|                          | or uncertain tax positions. In Part XIII, provide the text of the fo     |                                       |  | liability for uncertain |
|                          | under FASB ASC 740. Check here if the text of the footnote ha            |                                       |  |                         |

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| Schedule D (Form 990) 2020 SOFTWARE IN THE PUBLIC INTEREST                           | 11-3390208 | Page 4   |
|--|------------|----------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per  | Return.    |          |
| 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          | 687,232. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:                |            |          |
| a Net unrealized gains (losses) on investments 2a                                    |            |          |
| b Donated services and use of facilities 2b  |            |          |
| c Recoveries of prior year grants 2c   |            |          |
| c Recoveries of prior year grants  | 1.         |          |
| e Add lines <b>2a</b> through <b>2d</b>  | 2e         | -36,621. |
| 3 Subtract line 2e from line 1.  | 3          | 723,853. |
| 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 4a                |            |          |
| b Other (Describe in Part XIII.)   |            |          |
| c Add lines 4a and 4b.   | 4c         |          |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)    | 5          | 723,853. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p | er Return. |          |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.          |            |          |
| 1 Total expenses and losses per audited financial statements                         | 1          | 341,298. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:                  |            | - ,      |
| a Donated services and use of facilities 2a  |            |          |
| b Prior year adjustments   |            |          |
| c Other losses.  |            |          |
| d Other (Describe in Part XIII.)   |            |          |
| e Add lines 2a through 2d.   | 2e         |          |
| 3 Subtract line 2e from line 1   | 3          | 341,298. |
| 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 4a                |            |          |
| b Other (Describe in Part XIII.)   |            |          |
| c Add lines 4a and 4b.   | <b>4</b> c |          |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)   | 5          | 341,298. |
| 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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

| SEC | 461(A) | ADJUSTMENT | \$<br>-36,621. |
|-----|--------|------------|----------------|
|     |        | TOTAL      | \$<br>-36,621. |

| SCHEDULE F<br>(Form 990)                               | Statement                                  |   | OMB No. 1545-0047   |   |   |
|--|--|---|---|---|---|
| (Form 990)   | Complete if the or                         | ganization answer<br>► Atta   | red 'Yes' on Form 990, Part IV, line<br>ach to Form 990.  | e 14b, 15, or 16.   | 2020  |
| Department of the Treasury<br>Internal Revenue Service | ► Go to www.i                              | rs.gov/Form990  | information.  | Open to Public<br>Inspection  |   |
| Name of the organization SOFT DBA:                     | Employer identi<br>11-33902                | ification number  |   |   |   |
| Part I General Inform                                  | nation on Activiti<br>Part IV, line 14b.   | es Outside th   | e United States. Complet  | te if the organization  | on answered 'Yes'   |
| 1 For grantmakers. Does                                | s the organization ma                      | intain records to stance, and the s   | substantiate the amount of its selection criteria used to award   | grants and other assist<br>the grants or assistance   | ance,<br>ce?XYes No   |
| -  | be in Part V the organi:<br>RT V           | zation's procedure  | s for monitoring the use of its gra   | ants and other assistance   | outside the   |
| 3 Activities per Region. (                             | The following Part I,                      | ine 3 table can b   | e duplicated if additional space  | e is needed.)   |   |
| (a) Region   | <b>(b)</b> Number of offices in the region | (c) Number of<br>employees,<br>agents, and<br>independent<br>contractors<br>in the region | (d) Activities conducted in<br>the region (by type) (such<br>as, fundraising, program<br>services, investments,<br>grants to recipients<br>located in the region) | (e) If activity listed in<br>(d) is a program<br>service, describe<br>specific type of<br>service(s) in<br>the region | (f) Total<br>expenditures for<br>and investments<br>in the region<br>PT V |
| EAST ASIA AND THE (1) PACIFIC                          |  |   | PROGRAM SERVICES  | CONFERENCES AND<br>TRAVEL   | 14,391.   |
| (2) EUROPE   |  |   | PROGRAM SERVICES  | CONFERENCES AND<br>TRAVEL   | 17,748.   |
| (3) SOUTH AMERICA                                      |  |   | PROGRAM SERVICES  | CONFERENCES AND<br>TRAVEL   | 6,649.  |
| (4) SOUTH ASIA   |  |   | PROGRAM SERVICES  | CONFERENCES AND<br>TRAVEL   | 7,575.  |
| (5) SUB-SAHARAN AFRICA                                 | N  |   | PROGRAM SERVICES  | CONFERENCES AND<br>TRAVEL   | 1,830.  |
| EAST ASIA AND THE (6) PACIFIC                          |  |   | PROGRAM SERVICES  | IT<br>INFRASTRUCTURE  | 4,050.  |
| (7) EUROPE   |  |   | PROGRAM SERVICES  | IT<br>INFRASTRUCTURE  | 27,953.   |
| (8)  |  |   |   |   |   |
| (9)  |  |   |   |   |   |
| <u>(10)</u>  |  |   |   |   |   |
| (11)   |  |   |   |   |   |
| (12)   |  |   |   |   |   |
| (13)   |  |   |   |   |   |
| (14)   |  |   |   |   |   |
| (15)   |  |   |   |   |   |
| (16)   |  |   |   |   |   |
| (17)<br>3 a Subtotal                                   |  |   |   |   |   |
| <b>b</b> Total from continuation sheets to Part I      | ייי<br>ו                                   |   |   |   | 80,196.   |
| c Totals (add lines 3a and 3b)                         | )  | 0   |   |   | 80.196.   |

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

Schedule F (Form 990) 2020

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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<br>section and EIN<br>(if applicable) | (c) Region | <b>(d)</b> Purpose<br>of grant | (e) Amount of cash grant | <b>(f)</b> Manner of<br>cash<br>disbursement | <b>(g)</b> Amount of<br>noncash<br>assistance | (h) Description of<br>noncash<br>assistance | (i) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) |
|-----|---|--|------------|--------------------------------|--------------------------|--|---|---|--|
|     |   |  |            |                                |                          |  |   |   |  |
|     |   |  |            |                                |                          |  |   |   |  |
|     |   |  |            |                                |                          |  |   |   |  |
|     |   |  |            |                                |                          |  |   |   |  |
|     |   |  |            |                                |                          |  |   |   |  |
|     |   |  |            |                                |                          |  |   |   |  |
|     |   |  |            |                                |                          |  |   |   |  |
|     |   |  |            |                                |                          |  |   |   |  |
|     |   |  |            |                                |                          |  |   |   |  |
|     |   |  |            |                                |                          |  |   |   |  |
|     |   |  |            |                                |                          |  |   |   |  |
|     |   |  |            |                                |                          |  |   |   |  |
|     |   |  |            |                                |                          |  |   |   |  |
|     |   |  |            |                                |                          |  |   |   |  |
|     |   |  |            |                                |                          |  |   |   |  |
|     |   |  |            |                                |                          |  |   |   |  |
|     | nter total number of recipient organiz<br>ganization by the IRS, or for which t |  |            |                                |                          |  |   |   | 0  |
| BAA | nter total number of other organization   |  |            |                                |                          |  |   |   | 0<br>F (Form 990) 2020   |

#### Schedule F (Form 990) 2020 SOFTWARE IN THE PUBLIC INTEREST

| TEEA3503L | 09/16/20 |  |
|-----------|----------|--|

| 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>(b)</b> Region | (c) Number<br>of recipients | <b>(d)</b> Amount of<br>cash grant | (e) Manner of<br>cash<br>disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of<br>valuation (book<br>FMV, appraisal<br>other) |
|---------------------------------|-------------------|-----------------------------|------------------------------------|---------------------------------------|----------------------------------|---------------------------------------|--|
| (1)                             |                   |                             |                                    |                                       |                                  |                                       |  |
| (2)                             |                   |                             |                                    |                                       |                                  |                                       |  |
| (3)                             |                   |                             |                                    |                                       |                                  |                                       |  |
| (4)                             |                   |                             |                                    |                                       |                                  |                                       |  |
| (5)                             |                   |                             |                                    |                                       |                                  |                                       |  |
| (6)                             |                   |                             |                                    |                                       |                                  |                                       |  |
| (7)                             |                   |                             |                                    |                                       |                                  |                                       |  |
| (8)                             |                   |                             |                                    |                                       |                                  |                                       |  |
| (9)                             |                   |                             |                                    |                                       |                                  |                                       |  |
| (10)                            |                   |                             |                                    |                                       |                                  |                                       |  |
| (11)                            |                   |                             |                                    |                                       |                                  |                                       |  |
| (12)                            |                   |                             |                                    |                                       |                                  |                                       |  |
| (13)                            |                   |                             |                                    |                                       |                                  |                                       |  |
| (14)                            |                   |                             |                                    |                                       |                                  |                                       |  |
| (15)                            |                   |                             |                                    |                                       |                                  |                                       |  |
| (16)                            |                   |                             |                                    |                                       |                                  |                                       |  |
| (17)                            |                   |                             |                                    |                                       |                                  |                                       |  |
| (18)                            |                   |                             |                                    |                                       |                                  |                                       |  |
| BAA                             | I                 | 1                           |                                    | 1                                     | 1                                | Schedule F                            | (Form 990) 2020  |

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| Page 4 | 4 |
|--------|---|
|--------|---|

| 1       Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).       □ Yes       X No         2       Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520 AA, Annual Information Return of Foreign Trusts with a U.S. Owner (see Instructions for Form 3520 and 3520-A; don't file with Form 990).       □ Yes       X No         3       Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5477).       □ Yes       X No         4       Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621).       □ Yes       X No         5       Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 865).       □ Yes       X No         6       Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865).       □ Yes       X No         5 <td< th=""><th></th><th></th><th></th><th></th></td<> |   |  |     |      |
|---|---|--|-----|------|
| <ul> <li>required to separately file Form 3520, Annual Řeturn To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)</li></ul>  | 1 | organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign  | Yes | X No |
| <ul> <li>organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471).</li> <li>Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).</li> <li>Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Forms With Respect to Certain Foreign Partnerships (see Instructions for Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).</li> <li>Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713. International Boycott Report (see</li></ul>  | 2 | required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. | Yes | X No |
| <ul> <li>electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).</li> <li>5 Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).</li> <li>6 Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713. International Boycott Report (see</li></ul>   | 3 | organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain   | Yes | X No |
| <ul> <li>organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).</li> <li>6 Did the organization have any operations in or related to any boycotting countries during the tax year?</li> <li>If 'Yes,' the organization may be required to separately file Form 5713. International Boycott Report (see</li></ul>   | 4 | electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information<br>Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see  | Yes | X No |
| If 'Yes,' the organization may be required to separately file Form 5713. International Boycott Report (see  | 5 | organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign   | Yes | X No |
|   | 6 | If 'Yes,' the organization may be required to separately file Form 5713. International Boycott Report (see   | Yes | X No |

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TEEA3505L 09/16/20

Schedule F (Form 990) 2020

#### 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

ACCRUAL BASIS GAAP

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2020 Open to Public Inspection

| Name of the organization SOFTWARE IN THE PUBLIC INTEREST | Employer identification number |
|--|--------------------------------|
| DBA: SPI   | 11-3390208                     |

#### 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

#### FORM 990, PART IX, LINE 24E OTHER EXPENSES

|  | (A)                                 | (B)                         | (C)                     | (D)         |
|--|-------------------------------------|-----------------------------|-------------------------|-------------|
|  | TOTAL                               | PROGRAM<br>SERVICES         | MANAGEMENT<br>& GENERAL | FUNDRAISING |
| ADVERTISING<br>BANK AND CREDIT CARD CHARGES<br>INTERNSHIPS | 3,252.<br>11,590.                   | 3,252.<br>11,590.           |                         |             |
| MATERIALS<br>POSTAGE AND SUPPLIES<br>SERVICES<br>TRAINING  | 11,868.<br>1,222.<br>302.<br>2,300. | 11,868.<br>1,110.<br>302.   | 112.                    |             |
| VENUE RENTAL TOTAL   | 2,300.<br>5,594.<br>\$ 36,128.      | 2,300.<br>5,594.<br>36,016. | <u>\$ 112.</u>          | \$0.        |

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| Schedule O (Form 990 or 990-EZ) (2020)                   | Page 2                         |
|--|--------------------------------|
| Name of the organization SOFTWARE IN THE PUBLIC INTEREST | Employer identification number |
| DBA: SPI   | 11-3390208                     |

## FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

| UNAMORTIZED SEC 42 | 21(A) | ADJUSTMENT | \$<br>109,831. |
|--------------------|-------|------------|----------------|
|                    |       | TOTAL      | \$<br>109,831. |