SCANNED DEC + 3 2009

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this privary to satisfy state reporting requirements.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008

Open to Public Inspection

A	ror un	e 2008 calend	ar year	or tax year beginning , 2008, and endir	iy .			, 20			
B		applicable	Please	C Name of organization	DI	Employe	ployer identification number				
님		s change	use IRS label or Software in the Public Interest, Inc.				3390208				
H	name o	change print or Number and street (or PO box, if mail is not delivered to street address). Room/suite E To				Telepho	ne nun	nber			
Ħ	Termina	16:- 190 Roy 501248)				
ᆸ		ed return	Specific Instruc-	City or town, state or country, and ZIP + 4	F	Group E	xempt	ion			
	Applica	tion pending	tions.	Indianapolis, IN 46250-6248		Number	·	<u> </u>			
	• Sec	tion 501(c)(3)		ations and 4947(a)(1) nonexempt charitable trusts must attach npleted Schedule A (Form 990 or 990-EZ).	G Accounting Other (spe	•		Cash			
			! !		H Check ▶	☐ ıf	the or	ganızation ıs not			
ı	Webs	site: ▶ <u>www</u>			dule B (Form 990,						
<u>J</u>	Organization type (check only one) — ✓ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF).										
				on is not a section 509(a)(3) supporting organization and its gross receipt ization chooses to file a return, be sure to file a complete return.	s are normally	y not m	ore tha	n \$25,000 A return is			
L	Add lii			ne 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instea			▶ \$				
Р	art I	Revenue	, Expe	nses, and Changes in Net Assets or Fund Balances (S	See the inst	tructio	ns fo	r Part I.)			
	1	Contributio	ns. aifts	s, grants, and similar amounts received		L	1	148,043.83			
	2			revenue including government fees and contracts			2				
	3	-		s and assessments			3				
	4	Investment	•			[4	2,629.99			
	5			m sale of assets other than inventory 5a							
				er basis and sales expenses							
	1			sale of assets other than inventory (Subtract line 5b from line 5a) (at	tach schedu	le) .	5c				
Revenue	6	•	•	vities (complete applicable parts of Schedule G). If any amount is from gaming, chec	_	ıı́ l					
ě				ot including \$ of contributions	_						
ě		reported o									
_	1	b Less: direc									
	1	c Net incom		6c							
	7										
	I .	b Less: cost		ventory, less returns and allowances							
				oss) from sales of inventory (Subtract line 7b from line 7a)		L	7c				
	8				_	8					
	9	Total reve	enue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		,▶	9	150,673.82			
	10	Grants and	d simila	r amounts paid (attach schedule) RECEN	/ED .	.l . L	10	129,006.86			
	11			or for members		.l . L	11	<u>. </u>			
S					2009 S	.1 . L	12				
Š	13	•		and other payments to independent contractors	Zuna 19	.l . L	13	1,624.76			
Expenses	14			utilities, and maintenance]∝	∵l · ⊢	14				
ŵ	15	Printing, p	ublicat	ions, postage, and shipping OGDEN	I. UT .	. . -	15	1,597.65			
	16			describe	<u></u>	<u>-</u> 2	16				
_	17	Total exp	enses.	Add lines 10 through 16	<u> </u>	. ▶	17	132,229.27			
g	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		📙	18	18,444.55			
Net Assets	19	Net assets	s or fu	nd balances at beginning of year (from line 27, column (A)) (m	nust agree v	with -					
A	:	end-of-yea	ar figur	e reported on prior year's return)		🗕	19	134,671.68			
et et	20			net assets or fund balances (attach explanation)		· · ⊢	20				
_				d balances at end of year. Combine lines 18 through 20			21	153,116.23			
G	Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.										
			ng of ye		(B) End of year						
2	2 C	ash, savings,	1,671.6		153,116.23						
2	3 La	and and build		23							
2	4 0	ther assets (d		· •)		4 0 7 4 6	24	450 440 55			
2		otal assets			134	4,671.6	_	153,116.23			
	6 To	otal liabilities	(descri	be >	40	4 674 6	26	450 440 00			
2				alances (line 27 of column (B) must agree with line 21)		4,671.6	8 27	153,116.23 Form 990-EZ (2008)			
FC	or Priv	acy act and P	aperwo	rk Reduction Act Notice, see the Instruction for Form 990.	Cat No 106	0421		rorm 330-E2 (2008)			

39

10111 990-EZ (2008)					raye =
Part III Statement of Program Service Accomp	plishments (See the instr	uctions for Part I	II.)		Expenses
What is the organization's primary exempt purpose?			1	(Req	uired for 501(c)(3)
Describe what was achieved in carrying out the organization	ise manner	and	(4) organizations 4947(a)(1) trusts;		
describe the services provided, the number of persons ber	efited, or other relevant info	rmation for each p	rogram title.		onal for others.)
28 The organization sponsors conferences for peop				 	
Most conferences are paid for by unincorporated					
planning, support and technical assistance.					
(Grants \$) If this amount inclu	ides foreign grants, check	<u>here </u>	<u>. ▶ ⊔</u>	28a	102,889.64
29 The organization provides travel sponsorship for	people working in the are	ea of open sourc	e	1	
software.				[[
		•••••			
(Grants \$) If this amount inclu	ides foreign grants, check	here	▶ □	29a	18,584.22
-					
30					
				Į I	
	ides foreign grants, check			30a	
, , , , , ,					
	ides foreign grants, check			31a	7,533.00
32 Total program service expenses (add lines 28a th	rough 31a)		>	32	129,006.86
Part IV List of Officers, Directors, Trustees, and Key I	Employees. List each one eve	n if not compensate	d. (See the ins	structio	ns for Part IV.)
	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	plans & nsation	account and other allowances
A.D. Barksdale Garbee II		011.01 -0/	dolored compe	ioution.	Other Biowarious
	President, 5	0		0	0
4390 Darr Circle; Black Forest, CO 80908					
Joerg Jaspert	Vice-President, 5	•			•
Hint. Schleifersgasse 2; Fulda, Germany 36037		0		0	0
James R. Kaplowitz	Secretary, 5				
50 Plaza St Apt 6A; Brooklyn, NY 11238	, ,	0		0	0
Michael Schultheiss	Treasurer, 5				
3424 Carly Cir; Indianapolis, IN 46235	Treasurer, 5	0	ļ	0	0
Luk Claes; Zusters van Onze-Lieve-Vrouwstraat;					
	Director, 1	0		0	0
62170 Merksem (Antwerpen), Belgium			<u> </u>		
Joshua D. Drake	Director, 1	0	1	0	o
467 NW Loop Road; White Salmon, WA 98762				U	
David de Burgh Graham	Director, 1				
516 Kortright Road West; Guleph, ON N1G 3Z1		0		0	0
Neil Michael McGovern	Director, 1	-			
5 Ripley Street; Sheffield, United Kingdom S6 2NU	Director, 1	0		0	0
Martin Zobel-Helas; Wankelstr. 2;	Discourage 4	-			
Korschenbroich-Glehn, Germany 41352	Director, 1	0	1	0	0
Torschenbroich-Glerm, Cermany 41002					
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Par	t V Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓_
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	- 		لــــا
b	Did the organization file Form 1120-POL for this year?	37b		✓_
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		✓
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9]		
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule			
	L. Part I	40b		✓
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization ▶			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed. ▶ New York			
42a	The books are in care of ► Michael C. Schultheiss Located at ► 3424 Carly Circle, Indianapolis, IN ZIP + 4 ►) 4 [.] 46235-	14-53 8103	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	165	NO.
	account)?	420		-
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
	If "Yes," enter the name of the foreign country: ▶			<u></u> -
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		•	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		✓
		orm 99	0-EZ	(2008

Pag	A	4

Part VI	Section 501(c)(3) organizations only and complete the tables for lines 50 at		organizations mu	st answer question	ons 46-	-49		
16 Did	the organization engage in direct or indirect p	olitical campaign activitie	s on behalf of or it	n opposition to		res No		
	didates for public office? If "Yes," complete Schedule C, Part I							
47 Did	the organization engage in lobbying activities?	? If "Yes," complete Sche	dule C, Part II .		47	✓		
18 Is th	e organization operating a school as describe	ed in section 170(b)(1)(A)(ii)? If "Yes," comple	ete Schedule E .	48			
19a Did	the organization make any transfers to an exe	empt non-charitable relate	d organization?		49a 49b			
	Yes," was the related organization(s) a section 527 organization?							
	nplete this table for the five highest compensation received more than \$100,000 of compensation	on from the organization.	If there is none, e	nter "None."				
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	accou	cpense int and lowances		
None								
		<u> </u>						
Total num	nber of other employees paid over \$100,000							
	aplete this table for the five highest compensation from the organization. If there is no	one, enter "None."						
None	(a) Name and address of each independent contractor	paid more than \$100,000	(6) 19	pe of service	(c) Comp	ensation		
None				j				
				į				
Total nun	nber of other independent contractors each re	eceiving over \$100,000	•					
Sign Here	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declarate Much C. Schulth Signature of officer	ned this return, including accom	er) is based on all infori	statements, and to the Ination of which prepare	best of my er has any DOG	knowledge knowledge		
11016	Michael C. Schultheiss, Treasurer							
	Type or print name and title		·					
Paid	Preparer's signature	Date	Check if self-employed	Preparer's Identifying	Number (Se	ee instructions)		
Preparer's Use Only	Firm s hame (or yours			EIN ►				
<u> </u>	if self-employed), address, and ZIP + 4			Phone no ► ()				
May the	IRS discuss this return with the preparer show	vn above? See instruction	ns	<u></u> ▶		s 🔲 No -EZ (2008)		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

20**08**

Department of the Treasury Internal Revenue Service To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

Name	of t	he organization							Employe	r identificat	ion number
Sof	twai	e in the Publ	lic Interest, Inc.					_	11	3	390208
Pai	rt I	Reason	for Public Ch	arity Status (All org	ganizatio	ns must	comple	ete this j	oart.) (se	e instruc	ctions)
The	orga	anization is no	ot a private foun	dation because it is:	(Please c	heck only	one org	anization	ı.)		
1			•	rches, or association	-	-	-		· · · · · · · · · · · · · · · · · · ·	\)(i).	
2		A school des	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)								
3		A hospital or	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)								
4		A medical re	search organiza	tion operated in conj	unction v	vith a hos	spital des	scribed in	section	170(b)(1	(A)(iii). Enter the
			-	ate:		 -					
5		-	ion operated for (b)(1)(A)(iv). (Cor	the benefit of a colle	ge or univ	versity ov	vned or d	perated	by a gove	emmental	unit described in
6		A federal, sta	ate, or local gove	ernment or governme	ntal unit	described	d in secti	on 170(t)(1)(A)(v)		
7		•	•	receives a substantia	•	its suppo	rt from a	governm	ental uni	t or from t	the general public
8				in section 170(b)(1)		omplete	Part II.)				
9	Z			receives: (1) more that				n contrib	utions, m	embershi	p fees, and gross
				ed to its exempt funct							
				ent income and unre						511 tax)	from businesses
			-	after June 30, 1975.				•	-		
10				nd operated exclusive							
11				nd operated exclusiv							
				olicly supported organ							
		_		t describes the type							
		a ∐ Type				e III–Fund					Type III-Other
е	Ш			ify that the organizat							
			er man foundationsection 509(a)(2)	n managers and othe	r unan one	e or more	publicly	supporte	d organiz	ations de	scribed in Section
		,				45 - 100 4		- T			111
f		_		a written determinati	on from	the IRS	that it is	a Type I	, type II	or type	III supporting
_		•	, check this box	the organization acce	ntod on	 Gift or o	 ontributio			• • • ·	🗀
g		following per		the organization acce	spied any	giit or c	onthibutio	אוויטווו מ	illy Of the	ı	
				r indirectly controls, e	aither alo	ne or too	ether wit	h nareon	e deecrit	ad in (ii)	Yes No
				ning body of the sup				ii persor	is describ		11g(i)
			-	rson described in (i)		g					11g(ii)
			•	of a person described		(ii) above	?				11g(iii)
h				ation about the organ				upports.			
(i)		e of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Did y	ou notify		s the	(vii) Amount of
	or	ganization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		ion in col zed in the	support
				(see instructions))	ge			oort?		S ?	
					Yes	No	Yes	No	Yes	No	
]		
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			}	1	ł	1			1		
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		<u>-</u>						-			
				<u> </u>							
Tot	al										

Par	(Complete only if you check					and	170(b)(1)(A)(vi)
Sec	tion A. Public Support							
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1-3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.							
	tion B. Total Support		. k	<u> </u>				
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	Amounts from line 4		<u> </u>	,,,			<u></u>	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on						·- <u></u>	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10 .							
12	Gross receipts from related activities, etc	: (see instructi	ons)			12		
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	on's first, seco		n, or fifth tax			on 501(c)(3)
Sec	tion C. Computation of Public Su					1		<u> </u>
14	Public support percentage for 2008 (line	6, column (f) d	livided by line 1	1, column (f))		14	<u> </u>	%
15	Public support percentage from 2007 Sc					15	<u> </u>	
16a	331/3 % support test-2008. If the organi							
	and stop here. The organization qualifies							
	331/3 % support test - 2007. If the organic box and stop here. The organization qua	alifies as a pub	licly supported	organization .				▶ □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	facts-and-circu	ımstances" test	, check this box	and stop here	. Expla	aın ın Part	t IV how the
b	10%-facts-and-circumstances test—2007 more, and if the organization meets the "forganization meets the "facts-and-circumstances" test—2007 more, and if the organization meets the "facts-and-circumstances" test—2007 more, and if the organization meets the "facts-and-circumstances" test—2007 more, and if the organization meets the "facts-and-circumstances" test—2007 more, and if the organization meets the "facts-and-circumstances" test—2007 more, and if the organization meets the "facts-and-circumstances" test—2007 more, and if the organization meets the "facts-and-circumstances" test—2007 more, and if the organization meets the "facts-and-circumstances" test—2007 more, and if the organization meets the "facts-and-circumstances" test—2007 more, and if the organization meets the "facts-and-circumstances" test—2007 more, and if the organization meets the "facts-and-circumstances" test—2007 more, and if the organization meets the "facts-and-circumstances" test—2007 more, and if the organization meets the "facts-and-circumstances" test—2007 more, and if the organization meets the "facts-and-circumstances" test—2007 more, and if the organization meets the "facts-and-circumstances" test—2007 more, and if the organization meets th	facts-and-circur ances" test. The	mstances" test, e organization qu	check this box ialifies as a publi	and stop here cly supported o	Expla rganiza	in in Part ation .	: IV how the ► [
18	Private foundation. If the organization did	d not check a b	ox on line 13, 10	6a, 16b, 17a, or	17b, check this	box a	nd see ins	structions ▶ [

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

800	tion A. Public Support	<u> </u>	<u>,</u>	,			
		(=) 0004	(h) 0005	(c) 2006	(4) 2007	(-) 2009	(f) Total
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(6) 2006	(d) 2007	(e) 2008	(I) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		38,124	163,918	110,492	148,044	460,578
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		0	0	0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513		0	0		0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge		0	0	0	0	0
6	Total. Add lines 1-5		38,124	163,918	110,492	148,044	460,578
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the			o	0	0	0
	year or \$5,000		0	0	0	0	- 0
с 8	Add lines 7a and 7b		0		0		<u> </u>
	line 6.)						460,578
Sec	tion B. Total Support				_		
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6		38,124	163,918	110,492	148,044	460,578
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		0	0	2308	2630	4938
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		0	0	0	0	
с 11	Add lines 10a and 10b		0	0	2308	2630	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)						465,516
14	First five years. If the Form 990 is for organization, check this box and stop			nd, third, fourt			on 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su						
	Public support percentage for 2008 (lin			ne 13. column	(f))	15	98.94 %
15 16	Public support percentage from 2007	Schedule A, P	art IV-A, line 2			16	100 %
<u> 260</u>	ction D. Computation of Investmen				 		1 %
17 18	Investment income percentage for 200 Investment income percentage from 20	olumn (f)) .	17	0 %			
19a		anization did i oox and stop h	not check the b nere. The organ	oox on line 14, ization qualifie	s as a publicly	supported org	anization 🕨 🗹
on D	line 18 is not more than 33½%, check thi	s box and stor	here. The orga	anization qualifie	es as a publicly	supported org	anization 🕨 📙
711	-rivera tolingation if the organization	THE PERMIT CHACK	e a cura con unite			>66 1113	

Schedule A (Fo	orm 990 or 990-E2)	2008					Page 🕶
Part IV	Supplementa	al Information.	Complete this till, line 12. P	part to provide rovide any othe	the explanation radditional inforr	required by Panation. (see in	art II, line 10; structions)
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Additional Information for Tax Return

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Form 990 p 2: Exempt purpose

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