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 return to satisfy state reporting requirements.

OMB No. 1545-1150

Open to Public Inspection

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1			•	ar year	, or tax year beginning	March 1	, 2008, and end		February		
Image: Autopation Ima	В								D Employer	iden	tification number
Number and attweet (or F.O. Doc., if mail a not delivered to street address, Roomvulle Elephonon number Part Par	님		-			servancy			41		2203632
Termination	님		٠		Number and street (or P.O. b	oox, if mail is not delive	ered to street address) F	Room/suite	E Telephone	nu	mber
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Section 501(s)(3) organizations and 4947(s)(1) nonexempt charitable trusts must attach a completed Schedule & (Form 590 or 590-EZ). Website: http://conservancy.softwarefreedom.org/	Ħ					y, and ZIP + 4				emn	tion
Website:		Applicatio	n pending		New York, NY 10023-588	82		i			
Website:		• Section	on 501(c)(3)	organiz	ations and 4947(a)(1) nonex	empt charitable tr	usts must attach	G Accou	nting method	d:	Cash Accrual
Website: ► Intigo: Conservancy, software recedency or process of the process o											
Website: ► Intigo: Conservancy, software recedency or process of the process o								H Check	▶ □ if ti		rganization is not
Organization type (check only one)	E	Websit	te: ▶ http:	//cons	ervancy.softwarefreedom	n.org/					
K Check ►	J	Organiz	zation type (c	heck o	nly one) — 🗹 501(c) (3) ◀(insert no.) 494	47(a)(1) or ☐ 527				
Not required, but if the organization chooses to file a return, be sure to file a complete return. Add lires 5b, 6b, and 7b, to line 91 to determine gross receipting; \$1,000,000 or more, file Form 990 instead of Form 990-EZ								nts are norm	ally not mor	e tha	an \$25 000 A return is
Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 (2 42,333.78 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 b Less: cost or other basis and sales expenses 6 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule), 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 6a), 6c Gross revenue (not including \$ of contributions reported on line 1), 6a Gain Gross sales of inventory, less returns and activities (Subtract line 6b from line 6a), 6c Gross sales of inventory, less returns and allowances 7 Gross sales of inventory, less returns and allowances 7 Gross sales of inventory, less returns and allowances 8 Other revenue (describe ▶ 9 146,052.88 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11 Grants and similar amounts paid (attach schedule) 10 29.98 11 Benefits paid to or for members 11 Gross schedule (astrach schedule) 11 Gross schedule (astrach schedule) 12 Grants and similar amounts paid (attach schedule) 11 Gr								no are nom	idily Hot mor		μη φ20,000. 7 (Total) 13
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24 Other assets (describe ►) 0 24 00 25 Total assets											0
25 Total assets				-							0
			•				•				
26 Total liabilities (describe ►	:										100,707.51
		Net	assets or f	und ba	alances (line 27 of column	(B) must agree v	vith line 21)				130,737.51

POIII 990-EZ (2000)					9
Part III Statement of Program Service Accom	plishments (See the instr	uctions for Part	II.)		Expenses
What is the organization's primary exempt purpose? F	acilitate Free, Libre, and C	Open Source Soft	ware		uired for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organization	ise manner,		4947(a)(1) trusts;		
describe the services provided, the number of persons be	nefited, or other relevant info	rmation for each p	rogram title.	optio	onal for others.)
28 Conferences. FLOSS developers were reimburs	ed for travel to relevant co	nferences.			
We also organized some conferences where dev			/e		
software and perform education outreach.					
	ides foreign grants, check	here	. ▶ 🗀	28a	34,672.57
29 Improvement to freely licensed Python Twisted s	oftware library.		-		
Contractors improved the library, making public	monthly progress reports				
Requests for needed improvements were solicite					
	udes foreign grants, check	here	. ▶ □	29a	27,000.00
30 Essential services for FLOSS projects: including	trademark registration, d	ocumentation tra	nslation		
services (for essential academic research for the	Samba Project), Internet	hosting and ban	dwidth		
costs (for global software sharing and internatio					
	udes foreign grants, check		▶ □	30a	7,559.56
• •	udes foreign grants, check	here	▶ □	31a	
32 Total program service expenses (add lines 28a th				32	69,232.13
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve				
Elect of Officeros, Proceeding, Francisco, and Foy	(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe		account and other allowances
Bradley M. Kuhn	President & Director	Cinc. C .,			
1995 Broadway FL 17, New York, NY 10023	5 hours/week	0		0	0
Mark Galassi	Vice Pres. & Director				
Mail Stp B244, LA Nat'l Lab, Los Alamos, NM 87545	1 hour/week	0		0	0
Axel Metzger	Director				
1995 Broadway FL 17, New York, NY 10023	0.5 hours/week	0		0	0
	Director				
Eben Moglen	0.25 hours/week	0		0	0
1995 Broadway FL 17, New York, NY 10023	Director	0			
Daniel B. Ravicher	1 hour/week	0		0	0
1995 Broadway FL 17, New York, NY 10023	Director				
Ian Lance Taylor	1 hour/week	0		0	o
1995 Broadway FL 17, New York, NY 10023	Director				-
Tom Tromey	1 hour/week	o	,	Ô	0
1995 Broadway FL 17, New York, NY 10023	Director	0			
Matthew S. Wilson	1 hour/week	^		0	o
701 Corporate Cntr DR STE 450, Raleigh, NC 27607		0			
Karen M. Sandler	Secretary & Counsel 2 hours/week	_		0	o
1995 Broadway FL 17, New York, NY 10023		0		0	
					<u>.</u>
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Pai	rt 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		V
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		V
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		~
	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37b		V
	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	38a		V
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	_		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
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		V
41	List the states with which a copy of this return is filed. ► New York	1 4		
42a	The books are in care of ▶ Software Freedom Conservancy Located at ▶ 1995 Broadway FL 17, New York, NY ZIP + 4 ▶) 4 (10023-	51-32 5882	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		V
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		•	▶ □
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	No
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		V

Par	t VI	and complete the tables for lines 50 at		organizatio	ons mu	st answer questi	OHS 4	3 -4 9	
46	Did th	e organization engage in direct or indirect p	olitical campaign activitie	es on beha	f of or i	n opposition to		Yes	_
		dates for public office? If "Yes," complete S					46		~
		e organization engage in lobbying activities					47		V
		organization operating a school as describe					48		V
		e organization make any transfers to an exe		ed organiza	ation?		49a		~
		s," was the related organization(s) a section					49b		
		lete this table for the five highest compensate received more than \$100,000 of compensation		. If there is	none, e	nter "None."			<u>.</u>
	(a) N	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Comp	ensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expens ount ar allowar	nd
None	e					1			
				-					
-									
Total	l numb	er of other employees paid over \$100,000							
	•	ensation from the organization. If there is no (a) Name and address of each independent contractor			(b) Ty	pe of service	(c) Cor	npensa	tion
Non									
					. ,				
								···	
Total	l numb	per of other independent contractors each re	eceiving over \$100,000	▶					
		Under penalties of perjury, I declare that I have exami and belief, it is true, correct, and complete. Declarati	ned this return, including accom	panying sche er) is based o	edules and on all infori	mation of which prepare	er has ar	iy knov -	vledge vledge
Sign Here		Signature of officer				15 OCT 2	100	1	
		Bradley M. Kuhn, President Type or print name and title.		1-	N 1 **				
Paid Prepa	arer's	Preparer's signature	Date	s	heck if elf- mployed	T T	Number (See inst	uctions
Use (Only	Firm's name (or yours if self-employed), address, and ZIP + 4				Phone no. ► ()			
Мау	the IR	S discuss this return with the preparer show	vn above? See instruction	ns		<u></u>	□ Y orm 99	es L 0-EZ	No (2008

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

OMB No. 1545-0047
2008
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection
Employer identification number

Sof	wai	e Freedom (Conservancy						41		2203632
Pai	t I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) (s	e instru	ctions)
The	orga	anization is n	ot a private four	ndation because it is:	(Please o	check onl	y one org	ganizatio	า.)		
1		A church, co	nvention of chu	rches, or association	of churc	hes desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school des	scribed in sectio	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)					
3		A hospital or	r a cooperative l	hospital service organ	ization d	escribed	in sectio	n 170(b)	(1)(A)(iii).	(Attach S	Schedule H.)
4		A medical re	esearch organiza	ation operated in conj	unction v						
5		An organizat	=	the benefit of a colle		versity o	wned or o	perated	by a gov	ernmenta	l unit described in
6				ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v	١.	
7			-	y receives a substanti				-		•	the general public
-				(1)(A)(vi). (Complete F				. 90			are general pasie
8				d in section 170(b)(1)		Complete	Part II.)				
9				receives: (1) more th				m contrib	utions, n	nembersh	ip fees, and gross
				ed to its exempt func							
				ent income and unre						1 511 tax)	from businesses
		acquired by	the organization	after June 30, 1975.	See sec	tion 509((a)(2). (Co	omplete F	Part III.)		
10				nd operated exclusive	-	-	-				•
11	Ш			and operated exclusiv							
				blicly supported organ							
				at describes the type					•		
	_	a ☐ Type		= -	: ☐ Typ		-	-			Type III-Other
е	Ц			tify that the organizat							
			section 509(a)(2)	on managers and othe	r man one	e or more	publicly	supporte	ed organiz	zations de	escribed in section
£								_			
f				a written determinati	on from	the IRS	that it is	a Type	i, Type II	, or Type	III supporting
~		<u> </u>	, check this box	the organization acce	· · ·		ontribution			• • • •	⊔
g		following pe		the organization acce	pied any	giit oi c	OHIHDUU	אוויטווו ווכ	uly Of the	,	
				r indirectly controls, e	either alo	ne or too	ether wit	h persor	s descri	oed in (ii)	Yes No
				ning body of the sup							11g(i)
			_	erson described in (i) a							11g(ii)
				of a person described		(ii) above	?				11g(iii)
<u>h</u>		Provide the	following inform	ation about the organ	izations t	the organ	ization s	upports.			
(i)		of supported	(ii) EIN	(iii) Type of organization				ou notify		s the	(vii) Amount of
	Org	anization		(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))			sup	oort?		S.?	
					Yes	No	Yes	No	Yes	No	
					<u> </u>			• •			
			<u>.</u> !		ŀ						
		 									
Tota	1										

Par	Support Schedule for Org (Complete only if you check					and 170(b)(1))(A)(vi)
Sec	tion A. Public Support						
Ca	endar 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.")			33,425.81	57,391.00	103,449.82	194,266.63
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				:		104.000.00
4	Total. Add lines 1-3				Brand Brands (1984)		194,266.63
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)						97,907.39
6_	Public support. Subtract line 5 from line 4.						96,359.24
	tion B. Total Support	(=) 0004	(b) 000E	(-) 0006	(4) 2007	(-) 2002	(f) Total
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total 194,266.63
7	Amounts from line 4			33,425.81	57,391.00	103,449.72	194,200.03
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	:		4.11	139.89	269.28	413.28
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			3			
11	Total support. Add lines 7 through 10 .	Zanaka za za za za za zako tuntak t					194,679.91
12	Gross receipts from related activities, etc.					12	61,197.01
13	First five years. If the Form 990 is for organization, check this box and stop he	ere		nd, third, fourth,			
	tion C. Computation of Public Su						
14	Public support percentage for 2008 (line					14	<u>%</u>
15	Public support percentage from 2007 Sc					15	<u> </u>
16a							
	and stop here. The organization qualifies						
b	331/2 % support test—2007. If the organibox and stop here. The organization qua						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "f	008. If the orga	nization did not ımstances" test,	check a box on l	ine 13, 16a, or and stop here.	16b, and line 14 Explain in Part	1 is 10% or IV how the
	organization meets the "facts-and-circum	stances" test.	The organizatio	n qualifies as a p	publicly suppor	ted organization	ո▶ ⊔
b	10%-facts-and-circumstances test – 2007 more, and if the organization meets the "forganization meets the forganization meets the forganization did private foundation. If the organization did	facts-and-circur ances" test. The	mstances" test, e e organization qu	check this box a alifies as a public	nd stop here. ly supported or	Explain in Part ganization	IV how the
18	r mate roundation. It the organization dic	a not oneon a D	o. o 10, 10, 10	a, 100, 110, 01 1	, 0.,001. 1110		

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.)

<u></u>	(Complete only if you checke	ea the box o	n line 9 of Pa	ıπ ı.)			
	tion A. Public Support	(=) 0004	(h) 0005	(-) 0000	(-N 0007		(0 T-1-1
Uč	alendar 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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons .		<u> </u>				
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 year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support	Charges of William Stromagness and a	and the state of the second of	Philain Salam Iss al communication minuse manase	andre en a construction of the control of the contr	i Sessi o nim shiilhaddiin ilifolm.co	
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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 IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop	the organization					on 501(c)(3)
Sec	tion C. Computation of Public Su		ntage			· · · · · ·	
15	Public support percentage for 2008 (lin			ne 13. column	(f))	15	%
16	Public support percentage from 2007 S	Schedule A, Pa	art IV-A, line 2			16	%
Sec	tion D. Computation of Investmen	nt Income P	ercentage				
17	Investment income percentage for 200	8 (line 10c, co	lumn (f) divide	d by line 13, co	olumn (f)) .	17	%
18	Investment income percentage from 20					18	<u>%</u>
19a b	33\% % support tests – 2008. If the organ 17 is not more than 33\% %, check this b 33\% % support tests – 2007. If the organ	ox and stop h	ere. The organ	zation qualifies	as a publicly	supported orga	anization >
	line 18 is not more than 331/3 %, check this	s box and stop	here. The orga	nization qualifie	s as a publicly	supported orga	nization ▶ □
20	Private foundation. If the organization	did not check	a hoy on line	14 10a or 10h	check this he	ny and eag inc	tructions -

Page 4

Part IV	Supplemental Part II, line 17a	Information. a or 17b; or Pa	Complete art III, line	this part to 12. Provide	provide the any other a	e explanationditional inf	on required by formation. (see	 Part II, line instructions) 	10;)

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