

Form **990**Department of the Treasury
Internal Revenue Service**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)

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

OMB No 1545-0047

2004Open to Public
Inspection**A** For the 2004 calendar year, or tax year beginning **OCT 1, 2004** and ending **SEP 30, 2005****B** Check if applicable.

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**Free Software Foundation, Inc.**

Number and street (or P O box if mail is not delivered to street address)

51 Franklin Street, 5th Floor

City or town, state or country, and ZIP + 4

Boston, MA 02110-1301**D** Employer identification number**04-2888848****E** Telephone number**(617) 542-5942****F** Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Website: **www.gnu.org****J** Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **821,418.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

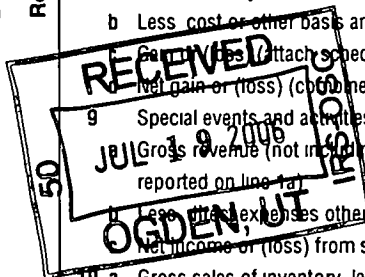
Revenue	1	Contributions, gifts, grants, and similar amounts received		1a	673,411.	1d	673,411.
	a	Direct public support		1b		2	938.
	b	Indirect public support		1c		3	
	c	Government contributions (grants)				4	21,504.
	d	Total (add lines 1a through 1c) (cash \$ 673,411. noncash \$)				5	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				6c	
	3	Membership dues and assessments				7	
	4	Interest on savings and temporary cash investments					
	5	Dividends and interest from securities					
	6a	Gross rents		6a			
b	Less rental expenses		6b				
c	Net rental income or (loss) (subtract line 6b from line 6a)						
7	Other investment income (describe ▶)						
Expenses	8a	Gross amount from sales of assets other than inventory		(A) Securities	(B) Other		
	b	Less cost or other basis and sales expenses		8a			
	c	Net gain or (loss) (combine line 8c, columns (A) and (B))		8b			
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		8c			
	a	Gross revenue (not including \$ of contributions reported on line 1a)		9a			
	b	Less fundraising expenses other than fundraising expenses		9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)					
	10a	Gross sales of inventory, less returns and allowances		10a	125,565.	9c	
	b	Less cost of goods sold		10b	32,964.		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			Stmnt 1	10c	92,601.
11	Other revenue (from Part VII, line 103)				11		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	788,454.	
Net Assets	13	Program services (from line 44, column (B))				13	540,838.
	14	Management and general (from line 44, column (C))				14	64,201.
	15	Fundraising (from line 44, column (D))				15	92,900.
	16	Payments to affiliates (attach schedule)				16	
	17	Total expenses (add lines 16 and 44, column (A))				17	697,939.
18	Excess or (deficit) for the year (subtract line 17 from line 12)				18	90,515.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	813,041.	
20	Other changes in net assets or fund balances (attach explanation)			See Statement 3	20	-11,535.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21	892,021.	

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 0.	0.	0.	0.
26 Other salaries and wages	26 389,937.	343,478.	12,353.	34,106.
27 Pension plan contributions	27			
28 Other employee benefits	28 43,339.	33,519.	6,450.	3,370.
29 Payroll taxes	29 41,834.	32,355.	6,226.	3,253.
30 Professional fundraising fees	30			
31 Accounting fees	31 9,326.	5,526.	499.	3,301.
32 Legal fees	32			
33 Supplies	33 7,718.	3,766.	3,304.	648.
34 Telephone	34 5,280.	3,128.	283.	1,869.
35 Postage and shipping	35 16,223.	7,917.	6,943.	1,363.
36 Occupancy	36 38,821.	23,002.	13,741.	2,078.
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40 14,563.	14,563.		
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 29,741.	27,433.	303.	2,005.
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e See Statement 4	43e 101,157.	46,151.	14,099.	40,907.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 697,939.	540,838.	64,201.	92,900.

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶

Promote free exchange of software.

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a Promote the free exchange of computer software and information related to computers and development of new freely distributable computer software and related information. (Grants and allocations \$ _____)	540,838.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	540,838.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	1,072.	437.
	46 Savings and temporary cash investments	673,604.	774,250.
	47 a Accounts receivable	11,429.	
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	30,685.	27,067.
	53 Prepaid expenses and deferred charges	501.	4,200.
	54 Investments - securities		
	55 a Investments - land, buildings, and equipment basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment basis	166,663.		
b Less: accumulated depreciation Stmt 5	107,338.		
58 Other assets (describe ▶ See Statement 6)	40,550.	17,685.	
59 Total assets (add lines 45 through 58) (must equal line 74)	833,128.	906,893.	
Liabilities	60 Accounts payable and accrued expenses	3,215.	526.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe ▶ See Statement 7)	16,872.	14,346.
66 Total liabilities (add lines 60 through 65)	20,087.	14,872.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	813,041.	892,021.
	68 Temporarily restricted		
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	813,041.	892,021.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	833,128.	906,893.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	809,883.
b	Amounts included on line a but not on line 12, Form 990.		
(1)	Net unrealized gains on investments \$ -11,535.		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	-11,535.
c	Line a minus line b	c	821,418.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) Stmt 9 \$ -32,964.		
	Add amounts on lines (1) and (2)	d	-32,964.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	788,454.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	730,903.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) Stmt 8 \$ 32,964.		
	Add amounts on lines (1) through (4)	b	32,964.
c	Line a minus line b	c	697,939.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	697,939.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Richard M. Stallman 51 Franklin Street, 5th Floor Boston, MA 02111-1301	President & Director 20	0.	0.	0.
Geoffrey Knauth 51 Franklin Street, 5th Floor Boston, MA 02111-1301	Treasurer 5	0.	0.	0.
Gerald Sussman 51 Franklin Street, 5th Floor Boston, MA 02111-1301	Director 5	0.	0.	0.
Eben Moglen 51 Franklin Street, 5th Floor Boston, MA 02111-1301	Director 5	0.	0.	0.
Henri Pool 51 Franklin Street, 5th Floor Boston, MA 02111-1301	Director 5	0.	0.	0.
Lawrence Lessig 51 Franklin Street, 5th Floor Boston, MA 02111-1301	Director 5	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule ☐ Yes ☒ No

Yes	No
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76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0.			
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85 501(c)(4), (5), or (6) organizations	a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86 501(c)(7) organizations	Enter a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87 501(c)(12) organizations	Enter a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. , section 4955 0.			
b	501(c)(3) and 501(c)(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," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.			
90 a	List the states with which a copy of this return is filed Massachusetts			
b	Number of employees employed in the pay period that includes March 12, 2004 90b 12			
91	The books are in care of Geoffrey Knauth, Treasurer Telephone no (617) 542-5942			

ZIP + 4 ► 02111-1301

N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <u>Miscellaneous</u>					938.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	21,504.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					92,601.
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		21,504.	93,539.
105 Total (add line 104, columns (B), (D), and (E))					115,043.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	Supports the development of new freely distributable software and information.
102	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with

(a) Did the organization, during the year, receive any funds, directly or indirectly, to

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information furnished by taxpayer.	
	Signature of officer	Date
Paid Preparer's Use Only	Preparer's signature	
	Firm's name (or yours if self-employed), address, and ZIP + 4	

PANNELL KERR FORSTER, P
265 FRANKLIN STREET, 17
BOSTON, MA 02110

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2004

Name of the organization

Free Software Foundation, Inc.

Employer identification number

04 2888848

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Bradley Kuhn 51 Franklin St., 5th Flr, Boston, MA	Exec. Dir. 40	52,607.	7,429.	
Peter Brown 51 Franklin St., 5th Floor, Boston MA	Controller 40	61,598.	528.	
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \blacktriangleright \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state \blacktriangleright _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4) (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	619,148.	583,850.	257,646.	438,451.	1,899,095.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	312,998.	243,380.	173,234.	158,598.	888,210.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	14,659.	8,639.	9,674.	44,338.	77,310.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	946,805.	835,869.	440,554.	641,387.	2,864,615.
24 Line 23 minus line 17	633,807.	592,489.	267,320.	482,789.	1,976,405.
25 Enter 1% of line 23	9,468.	8,359.	4,406.	6,414.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c N/A
d Add Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	(2003) 0.	(2002) 0.	(2001) 0.	(2000) 0.	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2003) 0.	(2002) 0.	(2001) 0.	(2000) 0.	
c Add Amounts from column (e) for lines: 15 1,899,095. 16 _____ 17 888,210. 20 _____ 21 _____					27c 2,787,305.
d Add Line 27a total _____ and line 27b total _____					27d 0.
e Public support (line 27c total minus line 27d total)					27e 2,787,305.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f 2,864,615.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 97.3012%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 2.6988%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

None

10

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
<hr/>		
<hr/>		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2004

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** ☐ if the organization belongs to an affiliated groupCheck ☐ **b** ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is - 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		0.

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- (i) Cash

(ii) Other assets

- (i) Sales or exchanges of assets with a noncharitable exempt organization**

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

- N/A

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

- ☐ Yes ☒ No

- N/A

[illegible]

2004 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	COMPUTER EQUIPMENT (3) 486 COMPUTER SYSTEMS	123098	SL	5.00	16	1,850.			1,850.	1,850.		0.
2	TOSHIBA LAPTOP 400 SERIES	122498	SL	5.00	16	1,000.			1,000.	1,000.		0.
3	DEC ALPHA COMPUTER SYSTEMS	013199	SL	5.00	16	1,000.			1,000.	1,000.		0.
4	(5) KEYBOARDS	030199	SL	5.00	16	695.			695.	695.		0.
5	(3) 400M, 10 GIG PENTIUM SYSTEMS	031599	SL	5.00	16	9,750.			9,750.	9,750.		0.
12	COMPUTER & ACCESSORIES	061400	SL	5.00	16	732.			732.	633.		99.
13	(2) E MACHINES	060100	SL	5.00	16	3,091.			3,091.	2,678.		413.
14	(2) DELL COMPUTERS	071200	SL	5.00	16	3,994.			3,994.	3,396.		598.
15	COMPUTER EQUIP FRY'S ELECTR	081400	SL	5.00	16	1,002.			1,002.	833.		169.
16	VARIOUS COMPUTER COMPONENTS	080100	SL	5.00	16	789.			789.	658.		131.
17	IBM COMPUTER & ASSESSORIES	090700	SL	5.00	16	709.			709.	580.		129.
20	LAPTOP	100899	SL	5.00	16	2,880.			2,880.	2,880.		0.
21	HAPPY HACKING KB LITE	122099	SL	5.00	16	68.			68.	66.		2.
22	(6) COMPUTER KEYBOARDS	050300	SL	5.00	16	394.			394.	349.		45.
26	DELL INSPIRON COMPUTER	091100	SL	5.00	16	1,685.			1,685.	1,376.		309.
29	DELL COMPUTER	011101	SL	5.00	16	1,739.			1,739.	1,305.		348.
32	IBM CDW THINKPAD T SERIES LI	031601	SL	5.00	16	3,813.			3,813.	2,670.		763.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
33	IBM/CDW COMPUTER EQUIPMENT	031601	SL	5.00	16	310.			310.	217.		62.
34	CDW MICROCOMPUTER PRO2111	031601	SL	5.00	16	7,191.			7,191.	5,033.		1,438.
35	IBM THINKPAD A21P P	031601	SL	5.00	16	4,586.			4,586.	3,210.		917.
38	COMPUTER SUPPLIES & EQUIPMENT	062701	SL	5.00	16	2,142.			2,142.	1,391.		428.
40	PRINTER	090701	SL	5.00	16	203.			203.	126.		41.
42	LASER PRINTER	073001	SL	5.00	16	853.			853.	541.		171.
43	COMPUTER EQUIPMENT (VARIOUS)	081501	SL	5.00	16	1,700.			1,700.	1,077.		340.
44	MOBILE COMPUTER CART	081501	SL	5.00	16	120.			120.	76.		24.
49	COMPUTER EQUIPMENT	031502	SL	5.00	17	4,849.			4,849.	1,988.		970.
50	PC300 - DONATED	051102	SL	5.00	17	715.			715.	293.		143.
51	2 GNU SERVERS - DONATED	041002	SL	5.00	17	2,000.			2,000.	820.		400.
52	4 THINKPADS - DONATED	040102	SL	3.00	17	15,000.			15,000.	8,150.		5,000.
53	COMPUTER EQUIPMENT	101702	SL	5.00	17	1,127.			1,127.	422.		225.
54	COMPUTER PARTS	103102	SL	5.00	17	755.			755.	283.		151.
56	COMPUTER EQUIPMENT	013103	SL	5.00	17	1,803.			1,803.	586.		361.
57	COMPUTER EQUIPMENT	013103	SL	5.00	17	783.			783.	255.		157.
60	DIGITAL INC COMPUTER PARTS	022803	SL	5.00	17	718.			718.	234.		144.
66	PENGUIN COMPUTING	052003	SL	5.00	17	2,120.			2,120.	583.		424.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
67	SUN e250, SONY 420GS - DONATED	062303	SL	5.00	17	1,100.			1,100.	303.		220.
68	COMPUTER EQUIPMENT	063003	SL	5.00	17	1,724.			1,724.	474.		345.
71	COMPUTER EQUIPMENT	082103	SL	5.00	17	231.			231.	69.		46.
72	COMPUTER EQUIPMENT	083103	SL	5.00	17	576.			576.	173.		115.
74	ASTERIK HARDWARE - DONATED	093003	SL	5.00	17	995.			995.	299.		199.
77	COMPUTER EQUIPMENT	093003	SL	5.00	17	6,491.			6,491.	1,947.		1,298.
80	ADEPTec 39320-R KIT	120403	SL	3.00	17	517.			517.	151.		172.
81	64BIT PCI-X-U32 & SEAG MAXTOR 36.7GB U320 SCSI	010504	SL	3.00	17	179.			179.	37.		60.
82	10K 80 PIN LINKSYS 8-PORT SWITCH;	011504	SL	3.00	17	857.			857.	179.		286.
83	MGE PULSAR EVOLUTION VIEWSONIC P95F+B-2 19	033004	SL	3.00	17	866.			866.	180.		289.
84	IN PROMISE ULTRA100	052004	SL	3.00	17	128.			128.	16.		43.
88	TX2/100 PCI ID & ORINC 2-(3) 5.25 DRIVE BAYS	093004	SL	3.00	17	1,520.			1,520.	63.		507.
89	TO 4 SATA DRIVE HOT SW	093004	SL	3.00	17	415.			415.	17.		138.
90	THUNDER K8S PRO S2882 1GB 184-PIN REG DIMM	093004	SL	3.00	17	610.			610.	25.		203.
91	128MX72 PC2700 (2) CPU AMD AND (5)	093004	SL	3.00	17	1,749.			1,749.	73.		583.
92	HD250GB/WD2500SD	121504	SL	3.00	19A	1,599.		800.	799.			933.
93	LaPTOP RICKTEL COMPUTER	022505	SL	3.00	19A	4,560.			4,560.			760.
94	NETWORK RICKTEL COMPUTER	031705	SL	3.00	19A	1,342.			1,342.			224.

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
95	SERVER ROOM	041805	SL	3.00	19A	5,096.			5,096.			849.
	REDSTAR SERVER ROOM											
96	AIR UNIT	050305	SL	5.00	19B	8,000.			8,000.			800.
	STAY ONLINE SERVER											
97	ROOM	051305	SL	3.00	19A	360.			360.			60.
	RICKTEL COMPUTER											
98	NETWORK	050605	SL	3.00	19A	5,827.			5,827.			971.
99	CDW IBM SERVER	062305	SL	3.00	19A	2,805.			2,805.			468.
100	NEW SERVER PARTS	091605	SL	3.00	19A	636.			636.			106.
	* 990 Page 2 Total -											
	COMPUTER EQUIPMENT					130,349.		800.	129,549.	61,010.	0.	24,077.
	OFFICE EQUIPMENT											
6	OFFICE EQUIPMENT	093090	SL	5.00	16	2,066.			2,066.	2,066.		0.
7	TELEPHONE SYSTEM	060195	SL	5.00	16	720.			720.	720.		0.
8	OFFICE FURNITURE	063095	SL	5.00	16	2,261.			2,261.	2,261.		0.
9	NCD TERMINALS	063098	SL	3.00	16	381.			381.	381.		0.
10	LATERAL FILE	121400	SL	5.00	16	714.			714.	548.		143.
11	SHELVING	011101	SL	5.00	16	264.			264.	199.		53.
18	FIRE PROOF CABINETS	072600	SL	5.00	16	600.			600.	500.		100.
19	SHELVING	072100	SL	5.00	16	198.			198.	167.		31.
23	COMPUTER CART	071300	SL	5.00	16	91.			91.	77.		14.
24	OFFICE EQUIPMENT	063000	SL	5.00	16	310.			310.	264.		46.

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
25	FIRE PROOF FILE CABINET	072600	SL	5.00	16	600.			600.	500.		100.
27	OFFICE EQUIPMENT	090700	SL	5.00	16	610.			610.	498.		112.
28	COMPUTER	071500	SL	5.00	16	2,905.			2,905.	2,469.		436.
30	OFFICE EQUIPMENT	011101	SL	5.00	16	194.			194.	146.		39.
31	FOLDING TABLE	021501	SL	5.00	16	69.			69.	51.		14.
36	(2) FILE DRAWERS	051001	SL	5.00	16	334.			334.	229.		67.
37	DESK	053101	SL	5.00	16	100.			100.	67.		20.
39	SHELVING	062701	SL	5.00	16	70.			70.	46.		14.
41	OFFICE EQUIPMENT	031502	SL	5.00	17	5,832.			5,832.	2,390.		1,166.
45	DESK	081501	SL	5.00	16	441.			441.	279.		88.
46	SHELVING	090601	SL	5.00	16	250.			250.	154.		50.
47	CONFERENCE TABLE, 2 CHAIRS & WOOD LITERATURE	022002	SL	5.00	17	1,368.			1,368.	559.		274.
48	DUPLEX HP LASERJET 4100 PRINTER	062402	SL	5.00	17	1,630.			1,630.	668.		326.
55	OFFICE EQUIPMENT	103102	SL	5.00	17	200.			200.	75.		40.
58	OFFICE EQUIPMENT	013103	SL	5.00	17	146.			146.	47.		29.
59	OFFICE EQUIPMENT	013103	SL	5.00	17	195.			195.	63.		39.
61	OFFICE EQUIPMENT	022803	SL	5.00	17	415.			415.	135.		83.
62	COMPUTER EQUIPMENT	033103	SL	5.00	17	117.			117.	38.		23.

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
63	OFFICE EQUIPMENT	033103	SL	5.00	17	47.			47.	15.		9.
64	PRINTER	033103	SL	5.00	17	499.			499.	162.		100.
65	OFFICE EQUIPMENT	050103	SL	5.00	17	55.			55.	15.		11.
69	OFFICE EQUIPMENT	063003	SL	5.00	17	187.			187.	51.		37.
70	PHONES	063003	SL	5.00	17	200.			200.	55.		40.
73	OFFICE EQUIPMENT	083103	SL	5.00	17	460.			460.	138.		92.
78	(2) AERON CHAIRS	113003	SL	5.00	17	1,158.			1,158.	203.		232.
79	DESK, PLATFORM & PANELS	121403	SL	5.00	17	974.			974.	170.		195.
85	COPIER (ZF25)/PRINTER/FAX WIT	071604	SL	5.00	17	6,618.			6,618.	165.		1,324.
86	OFFICE EQUIPMENT	073104	SL	3.00	17	190.			190.	8.		63.
87	SHREDDER	093004	SL	3.00	17	196.			196.	8.		65.
101	SECURITY LOCK	042505	SL	7.00	19C	777.			777.			56.
102	(8) DESKS	051305	SL	7.00	19C	1,460.			1,460.			104.
103	REFRIGERATOR	051305	SL	7.00	19C	412.			412.			29.
	* 990 Page 2 Total - OFFICE EQUIPMENT					36,314.		0.	36,314.	16,587.	0.	5,664.
	* Grand Total 990 Page 2 Depr					166,663.		800.	165,863.	77,597.	0.	29,741.

Form 990

Income and Cost of Goods Sold
Included on Part I, Line 10

Statement 1

Income

1. Gross receipts	125,565	
2. Returns and allowances		
3. Line 1 less line 2		125,565
4. Cost of goods sold (line 13)	32,964	
5. Gross profit (line 3 less line 4)		92,601

Cost of Goods Sold

6. Inventory at beginning of year		
7. Merchandise purchased		
8. Cost of labor		
9. Materials and supplies		
10. Other costs	32,964	
11. Add lines 6 through 10		32,964
12. Inventory at end of year		
13. Cost of goods sold (line 11 less line 12)		32,964

Form 990	Cost of Goods Sold - Other Costs	Statement	2
Description		Amount	
Cost of Goods Sold		32,964.	
Total included on Form 990, Part I, line 10b		32,964.	

Form 990	Other Changes in Net Assets or Fund Balances	Statement	3
Description		Amount	
FAS 124 - Adjustment to Market Value for Investments		-11,535.	
Total to Form 990, Part I, line 20		-11,535.	

Form 990	Other Expenses			Statement	4
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising	
Bank Charges	1,054.	514.	451.	89.	
Licenses & Permits	277.	164.	98.	15.	
Credit Card Fees	16,089.	4,022.		12,067.	
Heat, Light & Power	6,749.	3,999.	2,389.	361.	
Insurance	10,212.	6,540.	3,190.	482.	
Office Expense	1,712.	836.	732.	144.	
Outside Services	9,042.	5,357.	3,201.	484.	
Internet Connection Fees	4,692.	2,780.	1,661.	251.	
Contracted Programming	17,798.	17,798.			
Meals & Entertainment	6,715.	3,979.	2,377.	359.	
Special Events & Mailings	26,655.			26,655.	
Promotion & Marketing	162.	162.			
Total to Fm 990, ln 43	101,157.	46,151.	14,099.	40,907.	

Form 990	Depreciation of Assets Not Held for Investment		Statement	5
Description	Cost or Other Basis	Accumulated Depreciation	Book Value	
(3) 486 COMPUTER SYSTEMS	1,850.	1,850.	0.	
TOSHIBA LAPTOP 400 SERIES	1,000.	1,000.	0.	
DEC ALPHA COMPUTER SYSTEMS	1,000.	1,000.	0.	
(5) KEYBOARDS	695.	695.	0.	
(3) 400M, 10 GIG PENTIUM SYSTEMS	9,750.	9,750.	0.	
OFFICE EQUIPMENT	2,066.	2,066.	0.	
TELEPHONE SYSTEM	720.	720.	0.	
OFFICE FURNITURE	2,261.	2,261.	0.	
NCD TERMINALS	381.	381.	0.	
LATERAL FILE SHELVING	714.	691.	23.	
COMPUTER & ACCESSORIES	264.	252.	12.	
(2) E MACHINES	732.	732.	0.	
(2) DELL COMPUTERS	3,091.	3,091.	0.	
COMPUTER EQUIP FRY'S ELECTR	3,994.	3,994.	0.	
VARIOUS COMPUTER COMPONENTS	1,002.	1,002.	0.	
IBM COMPUTER & ASSESSORIES	789.	789.	0.	
FIRE PROOF CABINETS	709.	709.	0.	
SHELVING	600.	600.	0.	
LAPTOP	198.	198.	0.	
HAPPY HACKING KB LITE	2,880.	2,880.	0.	
(6) COMPUTER KEYBOARDS	68.	68.	0.	
COMPUTER CART	394.	394.	0.	
OFFICE EQUIPMENT	91.	91.	0.	
FIRE PROOF FILE CABINET	310.	310.	0.	
DELL INSPIRON COMPUTER	600.	600.	0.	
OFFICE EQUIPMENT	1,685.	1,685.	0.	
COMPUTER	610.	610.	0.	
DELL COMPUTER	2,905.	2,905.	0.	
OFFICE EQUIPMENT	1,739.	1,653.	86.	
FOLDING TABLE	194.	185.	9.	
IBM CDW THINKPAD T SERIES LI	69.	65.	4.	
IBM/CDW COMPUTER EQUIPMENT	3,813.	3,433.	380.	
CDW MICROCOMPUTER PRO2111	310.	279.	31.	
IBM THINKPAD A21P P	7,191.	6,471.	720.	
(2) FILE DRAWERS	4,586.	4,127.	459.	
DESK	334.	296.	38.	
COMPUTER SUPPLIES & EQUIPMENT	100.	87.	13.	
SHELVING	2,142.	1,819.	323.	
PRINTER	70.	60.	10.	
OFFICE EQUIPMENT	203.	167.	36.	
LASER PRINTER	5,832.	3,556.	2,276.	
COMPUTER EQUIPMENT (VARIOUS)	853.	712.	141.	
MOBILE COMPUTER CART	1,700.	1,417.	283.	
DESK	120.	100.	20.	
	441.	367.	74.	

SHELVING	250.	204.	46.
CONFERENCE TABLE, 2 CHAIRS & WOOD LITERATURE ORGANIZER	1,368.	833.	535.
DUPLEX HP LASERJET 4100 PRINTER	1,630.	994.	636.
COMPUTER EQUIPMENT	4,849.	2,958.	1,891.
PC300 - DONATED	715.	436.	279.
2 GNU SERVERS - DONATED	2,000.	1,220.	780.
4 THINKPADS - DONATED	15,000.	13,150.	1,850.
COMPUTER EQUIPMENT	1,127.	647.	480.
COMPUTER PARTS	755.	434.	321.
OFFICE EQUIPMENT	200.	115.	85.
COMPUTER EQUIPMENT	1,803.	947.	856.
COMPUTER EQUIPMENT	783.	412.	371.
OFFICE EQUIPMENT	146.	76.	70.
OFFICE EQUIPMENT	195.	102.	93.
DIGITAL INC COMPUTER PARTS	718.	378.	340.
OFFICE EQUIPMENT	415.	218.	197.
COMPUTER EQUIPMENT	117.	61.	56.
OFFICE EQUIPMENT	47.	24.	23.
PRINTER	499.	262.	237.
OFFICE EQUIPMENT	55.	26.	29.
PENGUIN COMPUTING	2,120.	1,007.	1,113.
SUN e250, SONY 420GS - DONATED	1,100.	523.	577.
COMPUTER EQUIPMENT	1,724.	819.	905.
OFFICE EQUIPMENT	187.	88.	99.
PHONES	200.	95.	105.
COMPUTER EQUIPMENT	231.	115.	116.
COMPUTER EQUIPMENT	576.	288.	288.
OFFICE EQUIPMENT	460.	230.	230.
ASTERIK HARDWARE - DONATED	995.	498.	497.
COMPUTER EQUIPMENT	6,491.	3,245.	3,246.
(2) AERON CHAIRS	1,158.	435.	723.
DESK, PLATFORM & PANELS	974.	365.	609.
ADEPTec 39320-R KIT 64BIT PCI-X-U32 & SEAGATE 20GB ATA/100 5.4K 2.5IN	517.	323.	194.
MAXTOR 36.7GB U320SCSI 10K 80 PIN	179.	97.	82.
LINKSYS 8-PORT SWITCH; MGE PULSAR EVOLUTION 1500VA, VIEWSONIC P95F+B	857.	465.	392.
VIEWSONIC P95F+B-2 19 IN	866.	469.	397.
PROMISE ULTRA100 TX2/100 PCI ID & ORINCO	128.	59.	69.
COPIER (zF25)/PRINTER/FAX WITH ATTACHMENTS	6,618.	1,489.	5,129.
OFFICE EQUIPMENT	190.	71.	119.
SHREDDER	196.	73.	123.
2-(3) 5.25 DRIVE BAYS TO 4 SATA DRIVE HOT SWAP REMOVABLE DRIVE & 3 250G	1,520.	570.	950.
THUNDER K8S PRO S2882	415.	155.	260.

1GB 184-PIN REG DIMM 128MX72			
PC2700	610.	228.	382.
(2) CPU AMD AND (5)			
HD250GB/WD2500SD	1,749.	656.	1,093.
LaPTOP	1,599.	933.	666.
RICKTEL COMPUTER NETWORK	4,560.	760.	3,800.
RICKTEL COMPUTER NETWORK	1,342.	224.	1,118.
SERVER ROOM	5,096.	849.	4,247.
REDSTAR SERVER ROOM AIR UNIT	8,000.	800.	7,200.
STAY ONLINE SERVER ROOM	360.	60.	300.
RICKTEL COMPUTER NETWORK	5,827.	971.	4,856.
CDW IBM SERVER	2,805.	468.	2,337.
NEW SERVER PARTS	636.	106.	530.
SECURITY LOCK	777.	56.	721.
(8) DESKS	1,460.	104.	1,356.
REFRIGERATOR	412.	29.	383.
Total to Form 990, Part IV, ln 57	166,663.	107,338.	59,325.

Form 990	Other Assets	Statement	6
Description		Amount	
Deposits		15,885.	
Loan Receivable		1,800.	
Total to Form 990, Part IV, line 58, Column B		17,685.	

Form 990	Other Liabilities	Statement	7
Description		Amount	
Deposits (Unearned Revenue)		0.	
Accrued Payroll		14,346.	
Total to Form 990, Part IV, line 65, Column B		14,346.	

Form 990	Other Expenses Not Included on Form 990	Statement	8
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Description	Amount
Cost of Inventory Shipped	32,964.
Total to Form 990, Part IV-B	32,964.

Form 990	Other Revenue Included on Form 990	Statement	9
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Description	Amount
Cost of Inventory Shipped	-32,964.
Total to Form 990, Part IV-A	-32,964.

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

990

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

2004Attachment
Sequence No 67

Free Software Foundation, Inc.

Form 990 Page 2

Identifying number
04-2888848**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See instructions for a higher limit for certain businesses	1	102,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	410,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	800.
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	7,754.

Part III MACRS Depreciation (Do not include listed property.) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	16,627.
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		21,425.	3 Yrs.	HY	SL	3,571.
b 5-year property		8,000.	5 Yrs.	HY	SL	800.
c 7-year property		2,649.	7 Yrs.	HY	SL	189.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	29,741.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year:					
43 Amortization of costs that began before your 2004 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box ☒

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Free Software Foundation, Inc.	04-2888848
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	51 Franklin Street, 5th Floor	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	Boston, MA 02110-1301	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Geoffrey Knauth, Treasurer**
 Telephone No. **(617) 542-5942** FAX No. _____
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box ☐. If it is for **part of the group**, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **August 15, 2006**
- 5 For calendar year _____, or other tax year beginning **OCT 1, 2004** and ending **SEP 30, 2005**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Geoffrey Knauth* Title *CPT* Date *8/10/06*

Notice to Applicant - To Be Completed by the IRS

- ☒ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By: _____ Date: *8/10/06*

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Free Software Foundation, Inc.	04-2888848
	Number, street, and room or suite no. If a P.O. box, see instructions. 51 Franklin Street, 5th Floor	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boston, MA 02110-1301	

Check type of return to be filed (File a separate application for each return)

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Geoffrey Knauth, Treasurer**
 Telephone No. **(617) 542-5942** FAX No. _____
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **August 15, 2006**.
- 5 For calendar year _____, or other tax year beginning **OCT 1, 2004** and ending **SEP 30, 2005**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **[Signature]** Title **CPA** Date **5/10/06**

Notice to Applicant - To Be Completed by the IRS

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

Application for Extension of Time to File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Free Software Foundation, Inc.	Employer identification number 04-2888848
	Number, street, and room or suite no. If a P.O. box, see instructions. 51 Franklin Street, 5th Floor	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boston, MA 02110-1301	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **Geoffrey Knauth, Treasurer**
Telephone No. ► **(617) 542-5942** FAX No. ► _____
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **May 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **OCT 1, 2004**, and ending **SEP 30, 2005**
- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 12-2004)