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

Open to Public Inspection

Α	For the	e 2008 calendar year, or tax year beginning $OCT = 1$, 2008 and ending	SEP 30, 2009	
В	Check if applicable	Please use IRS	D Employer identific	cation number
	Addre	ss label or ledge COEMIANE EQUINDAMION THE		
	Name	type D D	04-2	888848
	Initial retum	See Number and street (or P 0 box if mail is not delivered to street address) Room/su	ite E Telephone numbei	
	Termination	Instruc-	(617	
	Amen	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,288,997.
L	Applic tron pendii	BOOTONY INT. UZITO	H(a) Is this a group re	
	, c., c.,	F Name and address of principal officer: RICHARD STALLIMAN	for affiliates?	Yes X No
		51 FRANKLIN STREET, 5TH FLOOR, BOSTON, MA	O H(b) Are all affiliates inc	
		empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 te: ► WWW • FSF • ORG		list. (see instructions)
			H(c) Group exemption	State of legal domicile MA
	art I	Summary	al of total action 1303 is	1 State of legal domicile 1211
		Briefly describe the organization's mission or most significant activities Developme	ent of the GN	U Operating
Activities & Governance		System. Publisher of the GNU GPL. Collector of		
ī	1	Check this box ▶ ☐ if the organization discontinued its operations or disposed of mi		
o ve		Number of voting members of the governing body (Part VI, line 1a)	3	6
<u>س</u> ح	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
es	5	Total number of employees (Part V, line 2a)	5	13
ξ	6	Total number of volunteers (estimate if necessary)	6	1369
Act		Total gross unrelated business revenue from Pa <u>rt VIII, line 12, column (C)</u>	7a	0.
	<u>b</u>	Net unrelated business taxable income from Form 990 RinGFIVED	7b	0.
			Prior Year	Current Year
ne	1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII column (A) lines 3, 4 and 7d)	897,887.	776,066.
Revenue		Program service revenue (Part VIII, line 2g)	12 270	20 026
æ		The state of the s	42,279. 70,599.	30,036. 447,356.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c) @ a E (14)	1,010,765.	1,253,458.
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,010,703.	1,233,430.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		
ιn		Salaries, other compensation employee benefits (Part IX, column (A), lines 5-10)	651,604.	767,500.
2000ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
177	Ь	Total fundraising expenses (Part IX, column (D), line 25) ► 154,010.		
JB.	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	352,250.	467,742.
ര		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,003,854.	1,235,242.
⊏ (19	Revenue less expenses. Subtract line 18 from line 12	6,911.	18,216.
Net Assed of G	3	<u> </u>	Beginning of Year	End of Year
Sec	20	Total assets (Part X, line 16)	1,225,360.	1,266,207.
1 to 5	21	Total liabilities (Part X, line 26)	32,062.	34,210.
2	22	Net assets or fund balances Subtract line 21 from line 20	1,193,298.	1,231,997.
4 P	art II	Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statemen	to and to the best of my knowled	no and ballof it is true correct
>		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ige	ge and benef, it is tree, contect,
ク Sig		Coffee S. Unguth	17-7.	2010
He		Signature of officer	Date	
	•	GEOFFREY KNAUTH, TREASURER		
		Type or print name and title		
D-1				er's identifying number structions)
Pai		signature 9/14/10	self- employed (see ins	
	parer's Only	Firm's name (or PKF , P.C. yours if	EIN ►	
USE	Only	self-employed), 265 FRANKLIN STREET, 17TH FLOOR		
		ZIP+4 BOSTON, MA 02110	Phone no ► 6	17-753-9985
<u>M</u> a	y the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

X Yes No

Form 990 (2008) FREE SOFTWAR

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?		_	
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	_ X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			v
	located outside the United States? If "Yes," complete Schedule F, Part II	15	ļ <u>.</u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		Х
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 20		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	21		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	22		X
22 23	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	23		X
	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	<u> </u>	
£.+a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a	ŀ	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	· · · · · ·	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		·	
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
_	prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
		Form	990	(2008)

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Form 990 (2008) FREE SOFTWARE FOUN
Part IV Checklist of Required Schedules (continued)

	1		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		_X_
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional		ı	
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
-	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х

Par	t V Statements Regarding Other IRS Filings and Tax Compliance				1			
1		1	1		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		_					
	U.S. Information Returns. Enter -0- if not applicable	1a	0	1 1				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ible gaming					
	(gambling) winnings to prize winners?	1	1	1c	X			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	13	t ì				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				· ·			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	3a	_X			
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3ь	X			
4a 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)?								
b If 'Yes,' enter the name of the foreign country. ► Japan								
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank a	and					
	Financial Accounts			_ '		v		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	4 6	,	_5a		<u> </u>		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer.			_5b				
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	r Rega	raing Pronibitea	5c				
•	Tax Shelter Transaction?							
6a Did the organization solicit any contributions that were not tax deductible?								
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).			6b_				
7	Did the organization provide goods or services in exchange for any quid pro quo contribution of mor	e than	\$75?	7a	х			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	C triari	4 701	7b	X			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	uired					
·	to file Form 8282?		,	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a		al	1				
	benefit contract?	•		7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g		X		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-		equired?	7h	Х			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec							
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or							
	excess business holdings at any time during the year?			8				
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.							
a	Did the organization make any taxable distributions under section 4966?			9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter N/A	1	I					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>	-				
11	Section 501(c)(12) organizations. Enter: N/A	1	ı					
а	Gross income from members or shareholders	11a		-				
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1					
	amounts due or received from them)	11b			1			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a	ļ	 		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	L	1	<u> </u>	<u> </u>		

FREE SOFTWARE FOUNDATION, INC.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

<u>Sec</u>	tion A. Governing Body and Management						
		<u></u>	Yes	No			
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,						
	processes, or changes in Schedule O See instructions						
1a	Enter the number of voting members of the governing body						
b	Enter the number of voting members that are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			3.7			
	officer, director, trustee, or key employee?	2		<u>X</u>			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	[_ !	1	v			
	of officers, directors or trustees, or key employees to a management company or other person?	3_		<u>X</u> _			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X			
6	Does the organization have members or stockholders?	6_					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			v			
	governing body?	7a 7b		X			
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
	by the following:	8a	Х				
	a The governing body?						
	Each committee with authority to act on behalf of the governing body?	8b	X				
	Does the organization have local chapters, branches, or affiliates?	9a					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	0.					
	and branches to ensure their operations are consistent with those of the organization?	9b					
10							
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X				
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	11		Х			
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies						
<u> </u>	tion b. Folicies		Yes	No			
102	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
•	to conflicts?	12b	Х				
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
•	in Schedule O how this is done	12c	Х				
13	Does the organization have a written whistleblower policy?	13	X				
14	Does the organization have a written document retention and destruction policy?	14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision						
а	The organization's CEO, Executive Director, or top management official?	15a	X				
	Other officers or key employees of the organization?	15b	X				
	Describe the process in Schedule O. (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		X			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
<u>Sec</u>	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►MA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for					
	public inspection. Indicate how you make these available. Check all that apply.						
	X Own website Another's website X Upon request	, -					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	incial				
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion.					
	Geoffrey Knauth, Treasurer - (617)542-5942 51 Franklin Street, 5th Floor, Boston, MA 02110-1301						
83200 12-18-		Enro	990	(2008)			
12.18	.08	FUIII	J 30	(2000)			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. Individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

Check this box if the organization did not o	ompensate an	y of	ficer	, dır	ecto	or, tru	uste	e, or key employee		
(A) (B)			(C)					(D)	(E)	(F)
Name and Title	Average	Position						Reportable	Reportable	Estimated
	hours	(0	(check all tha			hat apply)		compensation	compensation	amount of
	per week	돭						from the	from related organizations	other compensation
	Week	튱				E E		organization	(W-2/1099-MISC)	from the
		124	truste		R	bens		(W-2/1099-MISC)	,	organization
		uai T	lanor		old	15 8				and related
		Individual trustae or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former			organizations
Richard M. Stallman			ļ							
President & Director								0.	0.	0.
Geoffrey Knauth							ŀ			
Treasurer, Director								0.	0.	0.
Gerald Sussman		l								_
Director	ļ <u></u>		<u> </u>	<u> </u>	<u> </u>			0.	0.	0.
Hal Abelson					İ				_	
Director	ļ.,,	_	ऻ_	ļ	 	<u> </u>		0.	0.	0.
Henry Poole		1			Ì				•	
Director		<u> </u>	ļ	ļ	 	 		0.	0.	0.
Benjamin Mako Hill									0	
Director	<u> </u>	<u> </u>		 	├	ऻ_		_ 0.	0.	0.
Peter Brown	E0 00							70 062	0.	1 710
Executive Director	50.00	├						79,062.	0.	1,710.
		ļ		1						
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Pa	t VII Section A. Officers, Directors, Tru	stees, Key Er	mplo	yee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)			
ı	' (A) Name and title	(B) Average hours	(c)		Posi		арр	lv)	(D) Reportable compensation	(E) Reportable compensatio		(F) Estimat amount	
		per week	Individual trustee or director	Institutional frustate	Officer		Highest compensated 5		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		other compensati	
			_						-				
						_				·.		•	
				_	_		_						
	T-A-1			<u> </u>					79,062.		0.	1 . 7	10.
<u>16</u>	Total Total number of individuals (including those	e in 1a) who re	celv	ed n	nore	tha	n \$1	00.0			<u> </u>		10.
_	compensation from the organization										<u> </u>	10	0
3	Did the organization list any former officer,	director or tru	stee	, ke	y en	nplo	yee,	or t	nighest compensated ei	mployee on		Yes	No
_	line 1a? If "Yes," complete Schedule J for s										3	-	X
4	For any individual listed on line 1a, is the standard related organizations greater than \$15									the organization	4		Х
5	Did any person listed on line 1a receive or				from	any	/ uni	elat	ed organization for serv	rices rendered to	5		х
Sec	the organization? If "Yes," complete Schedition B. Independent Contractors	uje 3 for such	pers	ori									J
1	Complete this table for your five highest countries the organization.	empensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pensatio	n from	
	(A) Name and business	address							(B) Description of	services	Com	(C) pensati	on
													
											-		
													
								_					
											•		
2	Total number of independent contractors (including those	e in	1) w	ho r	ecei	ved	moi	re than \$100,000 in con	npensation			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do :	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			15 650	64.500
7	Other salaries and wages	628,914.	548,698.	15,679.	64,537
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)		67.076		0 100
9	Other employee benefits	84,345.	67,076. 43,136.	9,139.	8,130 5,228
0	Payroll taxes	54,241.	43,136.	5,877.	5,228
1	Fees for services (non-employees):				
а	Management	100 000	100 000		
b	Legal	132,000.	132,000.	2 472	٥٢٢
C	Accounting	20,248.	11,820.	7,473.	955
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other				
2	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties	72 601	42.020	27 107	2 474
6	Occupancy	73,691.	43,020.	27,197.	3,474
7	Travel				
8	Payments of travel or entertainment expenses	}			
	for any federal, state, or local public officials	10 220	10 220		
9	Conferences, conventions, and meetings	19,238.	19,238.	· · · · · · · · · · · · · · · · · · ·	
20	Interest				
1	Payments to affiliates	17,670.	16,510.	1,029.	131
2	Depreciation, depletion, and amortization	17,670.	10,510.	1,023.	
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Charial Branta & Mailia	45,491.			45,491
ь	0.6.6.	33,822.	13,668.	19,050.	1,104
c	Contracted Taber/Drosse	33,766.	33,766.		
d		25,630.	3,204.		22,426
e	Out aide Commisses	23,233.	13,563.	8,575.	1,095
-	All other expenses	42,953.	30,250.	11,264.	1,439
25	Total functional expenses Add lines 1 through 24f	1,235,242.	975,949.	105,283.	154,010
26	Joint Costs Check here	, , , ,			
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		-	1	

Pa	rt X	Balance Sheet							<u>.g</u>
-					(A) Beginning of year		(B End of		
	1	Cash · non-interest-bearing			3,777.			6,4	68
	2	Savings and temporary cash investments		<u>[</u>	1,092,931.	2	1,11	1,7	89
	3	Pledges and grants receivable, net		Ĺ	35,500.	3	3	5,0	00
	4	Accounts receivable, net			12,670.	4		4,0	45
	5	Receivables from current and former officers, d	rector	s, trustees, key					
		employees, or other related parties. Complete I	Part II c	of Schedule L		5			
	6	Receivables from other disqualified persons (as	define	d under section					
		4958(f)(1)) and persons described in section 49	58(c)(3)(B). Complete					
		Part II of Schedule L		<u> </u>		6			
ets	7	Notes and loans receivable, net		[-		7			
Assets	8	Inventories for sale or use]_	19,275.	8	3	6,6	44
•	9	Prepaid expenses and deferred charges	1	057 407		9			
	ı	Land, buildings, and equipment cost basis	10a	257,497.					
	Ь	Less: accumulated depreciation. Complete		104 051	F1 400		_	۰ -	
		Part VI of Schedule D	10b	194,951.	51,492.		6	2,5	46
	11	Investments - publicly traded securities		-		11			
	12	Investments - other securities. See Part IV, line		}	· 	12			
	13	Investments - program-related. See Part IV, line	11	}		13			
	14	Intangible assets		}	9,715.	14		0 7	15
	15 16	Other assets. See Part IV, line 11	1,225,360.	15	1,26	$\frac{9,7}{6,3}$			
	17	Total assets. Add lines 1 through 15 (must equ	34)	5,541.	16	1,20	$\frac{0,2}{7,4}$	77	
	18	Accounts payable and accrued expenses	17		114				
	19	Grants payable Deferred revenue			18 19				
	20	Tax-exempt bond liabilities			20				
(A	21	Escrow account liability Complete Part IV of Sc		21					
Liabilities	22	Payables to current and former officers, directo		-21					
į		highest compensated employees, and disqualif		1 · · · · · · · · · · · · · · · · · · ·					
Ë		of Schedule L	•	22					
	23	Secured mortgages and notes payable to unrel	ated th	ird parties		23			
	24	Unsecured notes and loans payable				24			
	25	Other liabilities Complete Part X of Schedule D			26,521.	25	1	6,7	33
	26	Total liabilities. Add lines 17 through 25			32,062.	26		4,2	
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.,	
S		lines 27 through 29, and lines 33 and 34.							
Š	27	Unrestricted net assets		Ĺ	1,045,298.	27	1,15	4,2	97
3ala	28	Temporarily restricted net assets			148,000.	28	7	7,7	00
Net Assets or Fund Balances	29	Permanently restricted net assets				29			
Ē		Organizations that do not follow SFAS 117, c	heck h	nere 🕨 🔲 and					
ō	ľ	complete lines 30 through 34.		į					
ets	30	Capital stock or trust principal, or current funds	;	<u> </u>		30			
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipme	ent fund		31			
fet	32	Retained earnings, endowment, accumulated in	ncome,	or other funds		32	1 00	1 0	
_	33	Total net assets or fund balances		-	1,193,298.	33	1,23		
E Charles	34	Total liabilities and net assets/fund balances			1,225,360.	34	1,26	6,2	0 /
Pai	rt XI	Financial Statements and Reporting	<u> </u>	-				Yes	No
1	Acco	ounting method used to prepare the Form 990:		ash X Accrual	Other				-
		the organization's financial statements compiled					2a		X
		the organization's financial statements audited		•	iccountant:		2b	Х	
		es" to lines 2a or 2b, does the organization have	•	•	sibility for oversight of the	audit	20		
•		w, or compilation of its financial statements and				uit,	2c		X
3a		result of a federal award, was the organization re		· ·		le Audit	1-0		
		and OMB Circular A-133?				. *	3a	<u> </u>	_X
<u>b</u>		es," did the organization undergo the required au	<u>dit or a</u>	udits?			3b		
	2011 12-18-08								

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

2008

Name of the organization

Employer identification number

		FREE SO	FTWARE FOUND	ATION	, INC	•			04	-2888848
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par) (see ins	tructions)		
The organ			because it is: (Please ch							
1 🔲			s, or association of chur				(b)(1)(A)(i)	١.		
2	•		'0(b)(1)(A)(ii). (Attach Sc							
3 <u> </u>			tal service organization	•		170(b)(1)	(A) (iii). (At	tach Sche	dule H.)	
4	•		operated in conjunction							ne hospital's name.
	city, and stat		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						•	
5	•		benefit of a college or ur	niversity ov	wned or or	perated by	a govern	mental uni	describe	ed in
•	-	(b)(1)(A)(iv). (Comple	-			•	Ū			
6			ent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).			
7			eives a substantial part					r from the	general p	oublic described in
. —	-	b)(1)(A)(vi). (Comple				3			•	
8			section 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 X			eives: (1) more than 33			rom contri	butions. m	nembershii	o fees. an	d gross receipts from
	-		nctions - subject to certa							
			axable income (less sect							
		509(a)(2). (Complete	•		,			,		
10			perated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4	I). (see ins	tructions)	
11 🔲	-		perated exclusively for the							
	_	•	ations described in secti							
			organization and compl					·		
	a Type I	·	- ,	: 🔲 Тур			egrated		d 🗀	Type III - Other
е 🗌	• •		at the organization is not					r more disc	qualified p	ersons other than
	-		han one or more publicly							
f			ten determination from t							
	supporting of	rganization, check th	nis box			,				
9	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?	
_	(i) A perso	n who directly or ind	lirectly controls, either al	lone or tog	ether with	persons o	lescribed i	ın (II) and (I	II) below,	Yes No
	the gove	erning body of the s	upported organization?							11g(i)
	(ii) A family	member of a persor	n described in (i) above?	•						11g(ii)
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	e?					11g(iii)
h	Provide the fe	ollowing information	about the organizations	the organ	ization sup	oports.				
(i) Name	of supported	(ii) EIN	(ili) Type of	(iv) Is the c	rganization	(v) Did you	notify the	(vi) is	the	(vii) Amount of
	inization	(,	organization (described on lines 1-9		sted in your			organizátic (i) organiz	on in col ed in the	support
J			above or IRC section	I.	document?			US	2	
			(see instructions))	Yes	No	Yes	No	Yes	No	
										· · · · · · · · · · · · · · · · · · ·
					1			1		
						ļ				<u> </u>
		[
				<u> </u>	ļ	ļ	ļ	<u> </u>		
 	 			ļ			ļ	ļ	 	
Total			<u> </u>	1	<u> </u>		<u> </u>	<u> </u>		
LHA For F	Privacy Act an	nd Paperwork Redu	ction Act Notice, see the	he Instruc	tions for F	Form 990.		Schedul	e A (Form	1 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 FREE SOFTWARE FOUNDATION, INC. 04-2888848 Page 3

[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)

Sec	ction A. Public Support							
Cale	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.")	673,411.	768,337.	844,738.	897,887.	776,046.	3960419.	
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	125,565.	81,119.	72,033.	101,486.	82,894.	463,097.	
3	Gross receipts from activities that			,				
J	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ-							
	ization'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	798,976.	849,456.	916,771.	999,373.	858,940.	4423516.	
_	Amounts included on lines 1, 2, and	·	· · ·	•				
	3 received from disqualified persons							
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)						4423516.	
	ction B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
9	Amounts from line 6	798,976.	849,456.	916,771.	999,373.	858,940.	4423516.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,504.	25,107.	36,355.	42,279.	30,036.	155,281.	
b	Unrelated business taxable income			• •				
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
11	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	21,504.	25,107.	36,355.	42,279.	30,036.	155,281.	
12	Other income. Do not include gain			·				
	or loss from the sale of capital assets (Explain in Part IV.)					400,000.	400,000.	
13	Total support (Add lines 9, 10c, 11, and 12)		,		1,111		4978797.	
	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz		
	check this box and stop here	•			•	,,,,	▶ □	
Sec	ction C. Computation of Publ	ic Support Per	rcentage					
	Public support percentage for 2008 (olumn (f))		15	88.85 %	
	Public support percentage from 2007					16	97.28 %	
	ction D. Computation of Inves							
17				ne 13, column (f))		17	3.12 %	
18	Investment income percentage from			, ,,,,		18	2.72 %	
	33 1/3% support tests - 2008. If the			on line 14, and line	15 is more than 3	3 1/3%, and line 1		
-	more than 33 1/3%, check this box a						$\triangleright X$	
ь	b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
-	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization						>	
							0 or 990-EZ) 2008	

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 04-2888848

	FREE SOFTWARE FOUN	04-2888848			
Pa			or Accounts. Complete if the		
	organization answered "Yes" to Form 990, Part IV, lin				
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds		
	are the organization's property, subject to the organization's		Yes No		
6	Did the organization inform all grantees, donors, and donor a		used only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor or other impermissible priv	vate benefit? Yes No		
Pai	t # Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Pa	art IV, line 7		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).			
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an hist	orically important land area		
	Protection of natural habitat	Preservation of certifie	d historic structure		
	Preservation of open space				
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a cons	ervation easement on the last day		
	of the tax year.				
			Held at the End of the Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
C	Number of conservation easements on a certified historic sti	ructure included in (a)	2c		
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the taxable		
	year ▶				
4	Number of states where property subject to conservation ea	asement is located -			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, violations, an			
	enforcement of the conservation easements it holds?		Yes No		
6	Staff or volunteer hours devoted to monitoring, inspecting, a				
7	Amount of expenses incurred in monitoring, inspecting, and				
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(
	and section 170(h)(4)(B)(ii)?		└ Yes		
9	In Part XIV, describe how the organization reports conservat				
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes t	ne organization's accounting for		
6	conservation easements † # Organizations Maintaining Collections of	4 Art Historical Transuras or Ot	ther Similar Assats		
Pa	Complete if the organization answered 'Yes' to Form		iller Sillillar Assets.		
	Complete if the organization answered Tes_to Form	1990, Fait IV, Illie 0.			
	If the consequence of the desired consequence CEAC 44C and	-t to recent in its volvenile statement and be	Jones shoot works of art. historical		
ıa	If the organization elected, as permitted under SFAS 116, no treasures, or other similar assets held for public exhibition, e				
	the footnote to its financial statements that describes these		one service, provide, in a art xiv, the text of		
	If the organization elected, as permitted under SFAS 116, to		se sheet works of art, historical treasures		
U	or other similar assets held for public exhibition, education,				
	these items:	or research in termoralies or position convice	, p. c. 1. c. 1		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$		
	(ii) Assets included in Form 990, Part X		▶ \$		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial			
-	the following amounts required to be reported under SFAS		with the same		
а	Revenues included in Form 990, Part VIII, line 1		> \$		
ь	Assets included in Form 990, Part X		\$		
_					
LHA	For Privacy Act and Paperwork Reduction Act Notice, se	e the Instructions for Form 990.	Schedule D (Form 990) 2008		

Schedule D (Form 990) 2008

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))

Part VII Investments - Other Securities.				2000010 Fage 0
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of value est or end-of-year mar	
Financial derivatives and other financial products Closely-held equity interests Other				
Total (Col (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related.	Soc Form 000 Port Y	line 13		
(a) Description of investment type	(b) Book value		(c) Method of valuation: Cost or end-of-year market value	
				·
				·
				······································
Total. (Col (b) should equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. See Form 990, Part X, lin				
	a) Description		- · · · · · · · · · · · · · · · · · · ·	(b) Book value
	<u></u>			
		*****	-	
		 		
Total. (Column (b) should equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X				
(a) Description of liability	τ, πιο 2ο.	(b) Amount		`
Federal income taxes]	
Accrued Payroll		16,733.		
	·		-	
]	
			-	
			1	
			-	
Total. (Column (b) should equal Form 990, Part X, col (B)	line 25)	16,733.	1	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sche		NC.		04 - 2	<u> 2888848</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Financial State	ements			
, 1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,253	458.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,235	242.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		18,	216.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8		20	483.
9	Total adjustments (net). Add lines 4-8		9		20,	483.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10		38,	699.
Par	XII Reconciliation of Revenue per Audited Financial Statemer	nts With Rever	nue per R	eturn	<u> </u>	•
1	Total revenue, gains, and other support per audited financial statements			1	1,306	463.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a 1	7,466.			
ь	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c		1		
d	Other (Describe in Part XIV)	2d		1		
е	Add lines 2a through 2d			2e	17,	466.
3	Subtract line 2e from line 1			3	17,288	997.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				•	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)		5,539.	1 1		
	Add lines 4a and 4b			4c	-35	539.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	-35, 1,253,	458.
	XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Expe	nses per	Retu		
1	Total expenses and losses per audited financial statements			1	1,267	764.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a	Donated services and use of facilities	_{2a}				
b	Prior year adjustments	2b		1 1		
c	Losses reported on Form 990, Part IX, line 25	2c				
d	Other (Describe in Part XIV)		2,522.	1 1		
	Add lines 2a through 2d	20 0		2e	32	522.
3	Subtract line 2e from line 1			3	1,235	242.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			•		
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
a	·	4b		1 1		
D	Other (Describe in Part XIV) Add lines 4a and 4b	<u> 40 </u>		4.		0.
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			4c	1,235	
	t XIV Supplemental Information			3 1	1/233	212.
		lines to and 4. Do		h and 2	Dort V. Jac	4: Port
	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	, lines Ta and 4, Pa	rt IV, lines I	o ano z	o, Fart V, line	4, Fart
X; Pa	t XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b					
						
Par	t XI, Line 8 - Other Adjustments:					
<u> </u>	c Alf Hine o cener najabemenes.					
ሞል 9	124 - Adjustment to Market Value for Inve	stmonts				
I AL	124 - Adjustment to harket value for thive	SCILLETTES				
GA]	N (LOSS) ON FOREIGN EXCHANGE	····		-		
NET	ASSETS RELEASED FROM RESTRICTIONS				_	
D = -	t VII Tino Ab Othor Adiustrants					
	t XII, Line 4b - Other Adjustments:					_
Cos	t of Inventory Shipped			Sched	ule D (Form 9	90) 2008
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Schedule D (Form 990) 2008 FREE SOFTWARE FOUNDATION, INC.	04-2888848 Page 5
Schedule D (Form 990) 2008 FREE SOFTWARE FOUNDATION, INC. Part XIV Supplemental Information (continued)	
Part XIII, Line 2d - Other Adjustments:	
and the Towns of the and	
Cost of Inventory Shipped	
GAIN ON FOREIGN EXCHANGE	

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Employer identification number Name of the organization FREE SOFTWARE FOUNDATION, INC. 04-2888848 Form 990, Part I, Item K, Other Organization Type: 501(C)(3) Form 990, Part I, Line 1, Description of Organization Mission: Software and enforcing the terms of our free software licenses through compliance efforts. Promotion of Free Software. Campaigns against digital restrictions. Campaigns against software patents. Provider of resources to the free software community. Form 990, Part III, Line 1, Description of Organization Mission: GNU/Linux variants - and free documentation for free software. The FSF also helps to spread awareness of the ethical and political issues of freedom in the use of software. Current projects include GPL Version 3; the GPL Compliance Lab; the Free Software Directory; and Savannah, software development services provided to free software developers around the world. Additionally, FSF is committed to furthering the development of the GNU Operating System, providing development systems for GNU software maintainers. Form 990, Part VI, Section A, line 10: Form 990 is first reviewed by the Executive Director/Controller, and is then reviewed by the Treasurer and President. After this review, Form 990 is provided to the Board of Directors.

to read and sign the policy annually.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211 12-18-08

Form 990, Part VI, Section B, Line 12c: All relevant parties are required

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Name of the organization FREE SOFTWARE FOUNDATION,	INC.	Employer identification number 04-2888848
Form 990, Part VI, Section B, Line 15: An	analysis compar	ing local and
national compensation of top management and	nd key employees	is performed by
the Directors annually.		
Form 990, Part VI, Section C, Line 19: Fin	nancial statemen	ts are attached
to the MA Form PC filed with the Attoney	General's office	. This form is
open to public inspection. Governing docu	ments and confl	ict of interest
policy are not available to the public, by	ıt are available	upon request.
		

Title ► CPA

823832 05-26-09

Signature >

Date -

Form 8868 (Rev 4-2009)