

Form **990**

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

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning OCT 1, 2014 and ending SEP 30, 2015**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> FREE SOFTWARE FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 51 FRANKLIN STREET, 5TH FLOOR 500 City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02110-1307 <b>F Name and address of principal officer:</b> RICHARD STALLMAN 51 FRANKLIN STREET, 5TH FLOOR, BOSTON, MA 0	<b>D Employer identification number</b> 04-2888848 <b>E Telephone number</b> (617) 542-5942 <b>G Gross receipts \$</b> 1,217,222. <b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.FSF.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> 1985		<b>M State of legal domicile:</b> MA

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O.</u>	
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	9
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	9
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) .....	15
	<b>6</b> Total number of volunteers (estimate if necessary) .....	2000
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	0.
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	0.
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	1,110,148.
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	3,902.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	669.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	73,599.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	1,188,318.
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		814,419.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 84,924.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....		321,974.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....		1,136,393.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	51,925.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	1,308,841.
	<b>21</b> Total liabilities (Part X, line 26) .....	83,080.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	1,225,761.

**Part II Signature Block**

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 of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer GEOFFREY KNAUTH, TREASURER Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name ANDREW S. GOLOBOY, CPA	Preparer's signature ANDREW S. GOLOBOY, C
	Firm's name ▶ GOLOBOY CPA LLC	Date 08/15/16
	Firm's address ▶ 28 SOUTH MAIN STREET SHARON, MA 02067	Check <input checked="" type="checkbox"/> if self-employed PTIN P00544218 Firm's EIN ▶ 20-2936117 Phone no. 781-793-5890

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE FSF IS DEDICATED TO PROMOTING AND DEFENDING COMPUTER USERS' RIGHTS TO USE, STUDY, COPY, AND MODIFY THE SOFTWARE ON THEIR COMPUTERS, AS WELL AS THE RELATED DOCUMENTATION. THE FSF ASSISTS IN THE DEVELOPMENT AND USE OF FREE SOFTWARE AND DOCUMENTATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 495,839. including grants of \$ ) (Revenue \$ 500.) THE EDUCATION AND OUTREACH PROGRAM ADVOCATES FOR COMPUTER USER FREEDOM THROUGH ONLINE AND IN-PERSON CAMPAIGNS, AND HELPS INDIVIDUALS WITH THE PRACTICAL DETAILS OF USING COMPUTERS IN AN ETHICAL MANNER. THIS INCLUDES PUBLISHING EDUCATIONAL MATERIALS ABOUT HOW TO USE AND DEVELOP FREE SOFTWARE, WRITING ISSUE-FOCUSED ARTICLES AND ACTION ALERTS RELATED TO PERSONAL COMPUTING FREEDOM AND FREEDOM ON THE INTERNET, SPEAKING AT EVENTS, COORDINATING AND EMPOWERING VOLUNTEERS TO ADVOCATE FOR FREE SOFTWARE IN THEIR LOCAL COMMUNITIES, ANSWERING THOUSANDS OF EMAILS EACH YEAR FROM PEOPLE INTERESTED IN FREE SOFTWARE, AND ORGANIZING AN ANNUAL CONFERENCE THAT BRINGS THE FREE SOFTWARE COMMUNITY TOGETHER.

4b (Code: ) (Expenses \$ 197,957. including grants of \$ ) (Revenue \$ ) THE GNU PROJECT DOES COLLABORATIVE DEVELOPMENT AND DISTRIBUTION OF AN OPERATING SYSTEM (OS) THAT RESPECTS USERS' FREEDOM. GNU SOFTWARE IS LICENSED FREELY SO THAT USERS CAN RUN, SHARE, STUDY AND MODIFY IT HOWEVER IS BEST FOR THEM. THE GNU SYSTEM IS USED MOST POPULARLY WITH THE KERNEL LINUX, FORMING THE GNU/LINUX OS USED ON MILLIONS OF COMPUTERS WORLDWIDE, INCLUDING THE MAJORITY OF WEB AND EMAIL SERVERS. THE FSF SUPPORTS GNU WITH RESOURCES FOR COORDINATION, PLANNING, SOFTWARE DEVELOPMENT INFRASTRUCTURE, WEB AND DOWNLOAD HOSTING, COPYRIGHT STEWARDSHIP, PROGRAMMING WORK, AND PUBLIC PROMOTION.

4c (Code: ) (Expenses \$ 236,803. including grants of \$ ) (Revenue \$ 7,525.) THE LICENSE EDUCATION PROGRAM ASSISTS DEVELOPERS AND USERS IN UNDERSTANDING SOFTWARE LICENSING AND DETERMINING WHICH SOFTWARE IS ETHICALLY SAFE FOR THEM TO USE. IT ANSWERS QUESTIONS FROM THE PUBLIC; OFFERS GUIDANCE ON BEST PRACTICES; PUBLISHES ARTICLES ON FREE SOFTWARE LICENSING ISSUES; SENDS SPEAKERS TO EVENTS; INVESTIGATES AND RESOLVES VIOLATIONS OF THE GNU GENERAL PUBLIC LICENSE (GPL), LESSER GPL, AND GNU FREE DOCUMENTATION LICENSE; CERTIFIES HARDWARE PRODUCTS THAT RESPECT USER FREEDOM; AND PRESENTS CONTINUING LEGAL EDUCATION COURSES FOR LAWYERS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 91,791. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,022,390.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....		
<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**  
**GEOFFREY KNAUTH, TREASURER - (617) 542-5942**  
**51 FRANKLIN STREET, 5TH FLOOR, BOSTON, MA 02111-1307**

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

Check if Schedule O contains a response or note to any line in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD M. STALLMAN PRESIDENT & DIRECTOR	60.00	X		X				0.	0.	0.
(2) GEOFFREY KNAUTH TREASURER, CLERK, DIRECTOR	2.00	X		X				0.	0.	0.
(3) HAL ABELSON DIRECTOR	2.00	X						0.	0.	0.
(4) BRADLEY KUHN DIRECTOR	3.00	X						0.	0.	0.
(5) BENJAMIN MAKO HILL DIRECTOR	2.00	X						0.	0.	0.
(6) HENRY POOLE DIRECTOR	2.00	X						0.	0.	0.
(7) GERALD SUSSMAN DIRECTOR	2.00	X						0.	0.	0.
(8) MATTHEW GARRETT DIRECTOR	2.00	X						0.	0.	0.
(9) KAT WALSH DIRECTOR	2.00	X						0.	0.	0.
(10) JOHN SULLIVAN EXECUTIVE DIRECTOR	40.00			X				89,354.	0.	9,382.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>							89,354.	0.	9,382.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							89,354.	0.	9,382.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	741,552.				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	371,871.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f			1,113,423.			
<b>Program Service Revenue</b>	<b>2 a</b> COMPLIANCE FEES	Business Code 541900	7,080.	7,080.			
	<b>b</b> JOB POSTING FEES	541900	500.	500.			
	<b>c</b> OTHER INCOME	541900	445.	445.			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			8,025.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,343.			1,343.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	94,431.					
	<b>b</b> Less: cost of goods sold	<b>b</b>	22,936.				
	<b>c</b> Net income or (loss) from sales of inventory		71,495.	71,495.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b>							
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.			1,194,286.	79,520.	0.	1,343.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	89,354.	71,484.	8,935.	8,935.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	577,451.	508,677.	50,078.	18,696.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	102,482.	89,165.	9,070.	4,247.
10 Payroll taxes	54,639.	47,539.	4,836.	2,264.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,750.	8,374.	4,977.	399.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	99,163.	96,866.	1,564.	733.
12 Advertising and promotion	1,364.	1,364.		
13 Office expenses	9,786.	8,516.	865.	405.
14 Information technology				
15 Royalties				
16 Occupancy	81,117.	69,027.	9,607.	2,483.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	33,978.	33,978.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,371.	6,136.	217.	18.
23 Insurance	6,755.	4,505.	2,083.	167.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SPECIAL EVENTS AND MAIL</b>	41,809.	30,063.		11,746.
b <b>CREDIT CARD FEES</b>	39,928.	5,989.		33,939.
c <b>SHIPPING AND MATERIALS</b>	27,307.	25,800.	1,507.	
d <b>OUTSIDE SERVICES</b>	6,790.	5,472.	1,057.	261.
e All other expenses	15,936.	9,435.	5,870.	631.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	1,207,980.	1,022,390.	100,666.	84,924.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	97,245.	<b>1</b>	44,784.
	<b>2</b> Savings and temporary cash investments .....	996,492.	<b>2</b>	1,045,985.
	<b>3</b> Pledges and grants receivable, net .....	1,888.	<b>3</b>	7,019.
	<b>4</b> Accounts receivable, net .....	5,987.	<b>4</b>	2,618.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	30,632.	<b>8</b>	33,235.
	<b>9</b> Prepaid expenses and deferred charges .....	40.	<b>9</b>	1,315.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 175,906.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 161,236.	16,057.	<b>10c</b> 14,670.
	<b>11</b> Investments - publicly traded securities .....	150,785.	<b>11</b>	129,717.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	9,715.	<b>15</b>	9,715.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,308,841.	<b>16</b>	1,289,058.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	41,124.	<b>17</b>	44,219.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	41,956.	<b>25</b>	53,360.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	83,080.	<b>26</b>	97,579.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,180,761.	<b>27</b>	1,191,479.
	<b>28</b> Temporarily restricted net assets .....	45,000.	<b>28</b>	0.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	1,225,761.	<b>33</b>	1,191,479.	
<b>34</b> Total liabilities and net assets/fund balances .....	1,308,841.	<b>34</b>	1,289,058.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,194,286.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,207,980.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-13,694.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,225,761.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-20,588.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,191,479.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

2014

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: FREE SOFTWARE FOUNDATION, INC. Employer identification number: 04-2888848

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution...
3 Number of conservation easements modified, transferred, released, extinguished, or terminated...
4 Number of states where property subject to conservation easement is located...
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations...
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements...
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements...
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet...

Table with 2 columns: Question, Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance .....	<b>1c</b>
<b>d</b> Additions during the year .....	<b>1d</b>
<b>e</b> Distributions during the year .....	<b>1e</b>
<b>f</b> Ending balance .....	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b** Permanent endowment ▶ \_\_\_\_\_ %
- c** Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> unrelated organizations .....	<b>3a(i)</b>	
<b>(ii)</b> related organizations .....	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? .....	<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....		175,906.	161,236.	14,670.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				14,670.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL	53,360.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	53,360.

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	1,196,633.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-20,588.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-20,588.	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,217,221.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-22,936.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-22,936.	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	1,194,285.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	1,230,915.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	22,936.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	22,936.	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,207,979.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	1,207,979.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE ORGANIZATION ADOPTED TOPIC 740 OF THE FASB ACCOUNTING STANDARDS CODIFICATION (ASC 740) RELATING TO THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. AS REQUIRED BY THIS TOPIC, THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS, APPLYING A "MORE LIKELY THAN NOT" STANDARD, AND BELIEVES THAT THERE WOULD BE NO MATERIAL CHANGES TO THE RESULTS OF ITS OPERATIONS OR FINANCIAL POSITION AS A RESULT OF AN AUDIT BY THE APPLICABLE TAXING AUTHORITIES, FEDERAL OR STATE.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

COST OF INVENTORY SHIPPED: (\$22,936)



**Part XIII** Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF INVENTORY SHIPPED: \$22,936

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

FREE SOFTWARE FOUNDATION, INC.

Employer identification number

04-2888848

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE FREE SOFTWARE FOUNDATION (FSF) IS DEDICATED TO PROMOTING AND  
DEFENDING COMPUTER USERS' FREEDOM WORLDWIDE. THE FSF ACCOMPLISHES ITS  
MISSION THROUGH ORGANIZATIONAL PROGRAMS FOCUSED ON EDUCATION AND  
OUTREACH, SOFTWARE LICENSING, SOFTWARE DEVELOPMENT, AND MAINTENANCE OF  
A DIRECTORY OF FREE "AS IN FREEDOM" SOFTWARE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS INCLUDE COMPILING AND MAINTAINING A DIRECTORY OF FREE  
SOFTWARE FOR ALL OPERATING SYSTEMS AT DIRECTORY.FSF.ORG, AND PUBLISHING  
PRINTED BOOKS ON THE USE OF AND ADVOCACY FOR FREE SOFTWARE.

EXPENSES \$ 91,791. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11:

FORM 990 IS REVIEWED IN DETAIL BY THE BOARD'S AUDIT COMMITTEE, INCLUDING  
THE EXECUTIVE DIRECTOR. THE COMMITTEE THEN REPORTS TO THE FULL BOARD, WHO  
VOTES TO ACCEPT THE REPORT AND APPROVE THE 990.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL RELEVANT PARTIES ARE REQUIRED TO READ AND SIGN THE POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

AN ANALYSIS COMPARING LOCAL AND NATIONAL COMPENSATION OF TOP MANAGEMENT AND  
KEY EMPLOYEES IS PERFORMED BY THE DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization <b>FREE SOFTWARE FOUNDATION, INC.</b>	Employer identification number <b>04-2888848</b>
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FINANCIAL STATEMENTS ARE ATTACHED TO THE MA FORM PC FILED WITH THE ATTORNEY GENERAL'S OFFICE. THIS FORM IS OPEN TO PUBLIC INSPECTION. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC, BUT ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FAS 124 - ADJUSTMENT TO MARKET VALUE FOR INVESTMENTS	-20,588.
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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	Accum Depre
273	(D)MOTHERBOARD WHITAKERS BROTHERS	102713	SL	5.00	16	830.			830.	
274	FOLDING MACHINE MICROCENTER	111213	SL	5.00	16	1,585.			1,585.	
275	HARDDRIVE	121113	SL	5.00	16	602.			602.	
276	CAMERA ELPHEL LENOVO THINKPAD	030414	SL	5.00	16	2,300.			2,300.	
278	X200	012915	SL	5.00	16	1,000.			1,000.	
	COMPUTER EQUIPMENT									
93	RICKTEL COMPUTER NETWORK	022505	SL	3.00	17	4,560.			4,560.	4
94	RICKTEL COMPUTER NETWORK	031705	SL	3.00	17	1,342.			1,342.	1
95	SERVER ROOM REDSTAR SERVER ROOM	041805	SL	3.00	17	5,096.			5,096.	5
96	AIR UNIT STAY ONLINE SERVER	050305	SL	5.00	17	8,000.			8,000.	8
97	ROOM RICKTEL COMPUTER	051305	SL	3.00	17	360.			360.	
98	NETWORK	050605	SL	3.00	17	5,827.			5,827.	5
105	KEYBOARD	100105	SL	5.00	17	104.			104.	
115	DUAL-CORE PROCESSOR TYAN SERVER	110105	SL	5.00	17	1,732.			1,732.	1
116	RACKMOUNT	110105	SL	5.00	17	889.			889.	
121	EXTERNAL HARD DRIVE	040106	SL	5.00	17	230.			230.	
122	KEYBOARD	080106	SL	5.00	17	105.			105.	
123	CPU 1.8G	080106	SL	5.00	17	542.			542.	

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accum Depre
126	SERVER	080106	SL	5.00	17	825.			825.	
127	KEYBOARD	090106	SL	5.00	17	105.			105.	
131	COMPAQ LCD PANEL 15"	020106	SL	5.00	17	200.			200.	
134	SAMSUNG SYNCMASTER 760 VTFT	073007	SL	5.00	17	250.			250.	
135	D-LINK SWITCH 24P+4SFP	101506	SL	5.00	17	688.			688.	
138	D-LINK SWITCH 24P+4SFP	101506	SL	5.00	17	688.			688.	
139	INTEL PT DUAL PORT SRVR ADPTR	101506	SL	5.00	17	195.			195.	
140	INTEL PT DUAL PORT SRVR ADPTR	101506	SL	5.00	17	195.			195.	
141	APC MASTERSWITCH POWER UNIT	101506	SL	5.00	17	203.			203.	
142	VIEWSONIC LCD 19IN VP930B	101506	SL	5.00	17	342.			342.	
143	D-LINK CONVERTER DEM-311GT	101506	SL	5.00	17	184.			184.	
144	SERVER	111506	SL	5.00	17	3,039.			3,039.	3
145	APC SMART-UPS XL TOWER	111506	SL	5.00	17	1,699.			1,699.	1
148	XEROX PHASER 4500DX PRINTER	111506	SL	5.00	17	2,306.			2,306.	2
156	FAN - SCYTHE	011507	SL	5.00	17	30.			30.	
157	2 DESKTOP COMPUTERS	011507	SL	5.00	17	1,679.			1,679.	1
160	SEAGATE CHEETAH 146GB HARD DRIVE	031507	SL	5.00	17	795.			795.	
161	MEM 1GX2 CORSAIR D400	041507	SL	5.00	17	158.			158.	

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accum Depre
162	FLASH 2G SANDISK	041507	SL	5.00	17	51.			51.	
163	5 DESKTOP COMPUTERS	051507	SL	5.00	17	4,807.			4,807.	4
164	D-LINK NETWORK SWITCH	051507	SL	5.00	17	391.			391.	
166	2 MEM 1GX2 KST	051507	SL	5.00	17	360.			360.	
168	ACER 15IN LCD MONITOR	061507	SL	5.00	17	194.			194.	
169	SAMSUNG SYNCMASTER 204B	081507	SL	5.00	17	234.			234.	
178	TDK LTO ULTRIUM 800GB DATA CARTRIDGE	101507	SL	5.00	16	777.			777.	
179	BACKUP SERVER COMPONENTS	101507	SL	5.00	16	792.			792.	
180	ADAPTEC EXPRESS CONTROLLER CARD	101507	SL	5.00	16	179.			179.	
181	HP STORAGEWORKS MSL2024 ULTRIUM	101507	SL	5.00	16	6,573.			6,573.	6
183	SUN LTO-4 DATA CARTRIDGES 800/1600	031508	SL	5.00	16	461.			461.	
184	SYSTEM ELECTRONICS	041508	SL	5.00	16	640.			640.	
185	WWW.NEWEGG.COM	041508	SL	5.00	16	633.			633.	
187	WWW.NEWEGG.COM	041508	SL	5.00	16	300.			300.	
190	CORSAIR 1GB SERVER MEMORY	051508	SL	5.00	16	424.			424.	
191	RACKFORM NSERV A236	051508	SL	5.00	16	2,394.			2,394.	2
192	WWW.NEWEGG.COM	061508	SL	5.00	16	1,225.			1,225.	1
194	WESTERN DIGITAL 3 GB/S HARD DRIVE	071508	SL	5.00	16	180.			180.	

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accum Depre
197	SAMSUNG TOC T240 24" WIDESCREEN LCD	091508	SL	5.00	16	464.			464.	
198	SAMSUNG 943BX 19" LCD MONITOR	091508	SL	5.00	16	305.			305.	
199	LG EXTERNAL DVD BURNER	091508	SL	5.00	16	119.			119.	
200	CDW DIRECT	061508	SL	5.00	16	259.			259.	
201	ULTRIUM 1.6 TB DATA TAPE CARTRIDGE	011508	SL	5.00	16	505.			505.	
202	CORSAIR 1GB 184-PIN SERVER MEMORY	031508	SL	5.00	16	137.			137.	
203	KINGSTON 2GB 240-PIN SERVER MEMO	031508	SL	5.00	16	299.			299.	
204	COMPUTER EQUIPMENT	031508	SL	5.00	16	343.			343.	
207	WIRELESS-G USB ADAPTER	101408	SL	5.00	16	25.			25.	
208	KINGSTON MEMORY - 1024 MB	101408	SL	5.00	16	45.			45.	
209	LIGHTBULBS	102108	SL	5.00	16	22.			22.	
210	10 PACK DELL OYN156 800GB	110308	SL	5.00	16	579.			579.	
211	UBIQUITI SR71-A MINI PCI CARD	110308	SL	5.00	16	148.			148.	
213	SEAGATE BARRACUDA 7200.11 1.5TB HARD	110308	SL	5.00	16	380.			380.	
214	D-LINK DGS-2208 8-PORT ETHERNET SWI	110308	SL	5.00	16	92.			92.	
215	KINGSTON 4GB 240-PIN DDR2 SERVER	010309	SL	5.00	16	465.			465.	
216	SAMSUNG 22" WIDESCREEN LCD MONI	010309	SL	5.00	16	250.			250.	
218	8 SEAGATE BARRACUDA 1.5 TB HARD DRIVES	010309	SL	5.00	16	1,040.			1,040.	1

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accum Depre
219	2 SEAGATE BARRACUDA 1.5TB HARD DRIVE	010309	SL	5.00	16	260.			260.	
220	CANON POWERSHOT A590 DIGITAL CAMERA	020309	SL	5.00	16	115.			115.	
221	LG BLACK & WHITE USB DVD DRIVE	020309	SL	5.00	16	109.			109.	
222	LAPTOP MEMORY MODEL F2-5300CL5S-4GBSQ	020309	SL	5.00	16	210.			210.	
223	COMPUTER PARTS	020309	SL	5.00	16	417.			417.	
224	PATRIOT XPORTER MAGNUM 64GB FLAH DR	020309	SL	5.00	16	130.			130.	
225	ASUS MOTHERBOARD	020309	SL	5.00	16	156.			156.	
226	PATRIOT XPORTER 64GB USB PEN DRIVE	022809	SL	5.00	16	200.			200.	
227	SUPERMICRO 64-BIT SATA CONTROLLER	030309	SL	5.00	16	107.			107.	
228	A-DATA 8GB MICRO FLASH CARD	030309	SL	5.00	16	17.			17.	
229	METRO DATAVAC PRO SERIES VACUUM	030309	SL	5.00	16	162.			162.	
230	STANDARD SECURITY PLATES	030309	SL	5.00	16	158.			158.	
231	SEAGATE BARRACUDA 1.5TB 7200 RPM HARD	041009	SL	5.00	16	260.			260.	
233	RACKFORM NSERV A26617 6 VOLT BATTERY	041009	SL	5.00	16	3,306.			3,306.	3
234	TERMINALS	052009	SL	5.00	16	439.			439.	
236	IBM THINKPAD T42 LAPTOP 1.7GHZ 2GB	060309	SL	5.00	16	558.			558.	
237	SEAGATE 146GB 10K RPM ULTRA320	070309	SL	5.00	16	166.			166.	
238	GIGABYTE ATX AM2 MOTHERBOARD	070309	SL	5.00	16	75.			75.	



Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accum Depre
239	HUAWEI UMG181 T-MOBILE WEBCONNECT	070309	SL	5.00	16	153.			153.	
240	COMPUTER PARTS	070309	SL	5.00	16	586.			586.	
241	3 SEAGATE BARACUDA 32 MB HARD DRIVE	070309	SL	5.00	16	390.			390.	
242	COMPUTER ACCESSORIES	070309	SL	5.00	16	450.			450.	
243	6 SEAGATE BARRACUDA 32 MB HARD DRIVE	070309	SL	5.00	16	804.			804.	
244	8 KINGSTON 4GB 240-PIN DDR2 SERVER	070309	SL	5.00	16	684.			684.	
245	RACKFORM NSERV A276	073109	SL	5.00	16	4,780.			4,780.	4
246	RACKFORM NSERV A276	073109	SL	5.00	16	4,780.			4,780.	4
247	IBM THINKPAD T41 1.6GHZ 1.5 GIGS	080309	SL	5.00	16	239.			239.	
248	SANS DIGITAL ES104TI RACKMOUNT S	080309	SL	5.00	16	330.			330.	
257	2.5" 64 GB SATA II SLC INTERNAL SOLID	020309	SL	5.00	16	732.			732.	
258	MAPLIN ELECTRONICS	022809	SL	5.00	16	188.			188.	
259	H8DME MAINBOARD	032009	SL	5.00	16	869.			869.	
260	6 WIFI WIRELESS ADAPTERS	022809	SL	5.00	16	295.			295.	
262	COMPUTERS	033110	SL	5.00	16	7,971.			7,971.	7
265	COMPUTER EQUIPMENT	033111	SL	5.00	16	2,184.			2,184.	1
266	SERVER	033112	SL	5.00	16	9,524.			9,524.	4
267	SERVER COMPONENTS	050713	SL	5.00	16	928.			928.	

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accum Depre
268	PROVANTAGE - SERVER	041213	SL	5.00	16	1,978.			1,978.	
269	NEWEGG INTERNAL HARD DRIVE	052413	SL	5.00	16	602.			602.	
270	DELPHI CAMERA	091113	SL	5.00	16	1,165.			1,165.	
271	AMAZON HARDWARE FOR OFFICE DESKTOP	090913	SL	5.00	16	828.			828.	
272	AMAZON HARDWARE FOR OFFICE DESKTOP	090913	SL	5.00	16	924.			924.	
277	SEAGATE DESKSTOP HDD HARDDRIVE	102214	SL	5.00	16	750.			750.	
279	SEAGATE DESKSTOP HDD HARDDRIVE	092015	SL	5.00	16	1,600.			1,600.	
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPME					119,039.		0.	119,039.	105
	OFFICE EQUIPMENT									
7	TELEPHONE SYSTEM	060195	SL	5.00	16	720.			720.	
8	OFFICE FURNITURE	063095	SL	5.00	16	2,261.			2,261.	2
9	NCD TERMINALS	063098	SL	3.00	16	381.			381.	
10	LATERAL FILE	121400	SL	5.00	16	714.			714.	
11	SHELVING	011101	SL	5.00	16	264.			264.	
18	FIRE PROOF CABINETS	072600	SL	5.00	16	600.			600.	
19	SHELVING	072100	SL	5.00	16	198.			198.	
23	COMPUTER CART	071300	SL	5.00	16	91.			91.	
24	OFFICE EQUIPMENT	063000	SL	5.00	16	310.			310.	

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accum Depre
25	FIRE PROOF FILE CABINET	072600	SL	5.00	16	600.			600.	
27	OFFICE EQUIPMENT	090700	SL	5.00	16	610.			610.	
28	COMPUTER	071500	SL	5.00	16	2,905.			2,905.	2
30	OFFICE EQUIPMENT	011101	SL	5.00	16	194.			194.	
31	FOLDING TABLE	021501	SL	5.00	16	69.			69.	
36	(2) FILE DRAWERS	051001	SL	5.00	16	334.			334.	
37	DESK	053101	SL	5.00	16	100.			100.	
39	SHELVING	062701	SL	5.00	16	70.			70.	
41	OFFICE EQUIPMENT	031502	SL	5.00	17	5,832.			5,832.	5
45	DESK	081501	SL	5.00	16	441.			441.	
46	SHELVING	090601	SL	5.00	16	250.			250.	
47	CONFERENCE TABLE, 2 CHAIRS & WOOD LITE	022002	SL	5.00	17	1,368.			1,368.	1
48	DUPLEX HP LASERJET 4100 PRINTER	062402	SL	5.00	17	1,630.			1,630.	1
55	OFFICE EQUIPMENT	103102	SL	5.00	17	200.			200.	
58	OFFICE EQUIPMENT	013103	SL	5.00	17	146.			146.	
59	OFFICE EQUIPMENT	013103	SL	5.00	17	195.			195.	
61	OFFICE EQUIPMENT	022803	SL	5.00	17	415.			415.	
62	COMPUTER EQUIPMENT	033103	SL	5.00	17	117.			117.	

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accum Depre
63	OFFICE EQUIPMENT	033103	SL	5.00	17	47.			47.	
64	PRINTER	033103	SL	5.00	17	499.			499.	
65	OFFICE EQUIPMENT	050103	SL	5.00	17	55.			55.	
69	OFFICE EQUIPMENT	063003	SL	5.00	17	187.			187.	
70	PHONES	063003	SL	5.00	17	200.			200.	
73	OFFICE EQUIPMENT	083103	SL	5.00	17	460.			460.	
78	(2) AERON CHAIRS	113003	SL	5.00	17	1,158.			1,158.	1
79	DESK, PLATFORM & PANELS	121403	SL	5.00	17	974.			974.	
85	COPIER (ZF25) /PRINTER/FAX	071604	SL	5.00	17	6,618.			6,618.	6
86	OFFICE EQUIPMENT	073104	SL	3.00	17	190.			190.	
87	SHREDDER	093004	SL	3.00	17	196.			196.	
101	SECURITY LOCK	042505	SL	7.00	17	777.			777.	
102	(8) DESKS	051305	SL	7.00	17	1,460.			1,460.	1
103	REFRIGERATOR	051305	SL	7.00	17	412.			412.	
104	STORAGE TOWER	100105	SL	7.00	17	255.			255.	
112	WHITEBOARD	100105	SL	7.00	17	150.			150.	
117	TASK CHAIRS	110105	SL	7.00	17	567.			567.	
120	DESK	010106	SL	7.00	17	177.			177.	

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accum Depre
128	TASK CHAIRS	090106	SL	7.00	17	507.			507.	
146	HUBBELL CENTER WEIGHT SHELF	111506	SL	7.00	17	140.			140.	
147	MIDDLE ATLANTIC U2 RACK SHELF	111506	SL	7.00	17	113.			113.	
152	RACKSOLUTIONS 2 POST CONVERSION KIT	121506	SL	7.00	17	582.			582.	
158	SOLDER STATION	011507	SL	5.00	17	113.			113.	
174	4 HIGHBACK TILTER CHAIRS	051507	SL	7.00	16	600.			600.	
175	IKEA DESK - GALANT	081507	SL	7.00	16	159.			159.	
182	FULL SPECTRUM SOLUTIONS	121507	SL	5.00	16	189.			189.	
205	NEO FREERUNNER GSM850 CELL PHONES	081508	SL	5.00	16	2,392.			2,392.	2
249	BAGEL CART	101408	SL	5.00	16	23.			23.	
250	FREEDOM SLIM KEYPAD	020309	SL	5.00	16	271.			271.	
251	CARDSCAN 880C USB SCANNER CRM	022809	SL	5.00	16	52.			52.	
252	PLANTRONICS CALISTO CORDLESS PHONE W/	030309	SL	5.00	16	206.			206.	
253	BLUETOOTH MOUSE AND ACCESSORIES	030909	SL	5.00	16	88.			88.	
254	DEXXON DATA MEDIA	030909	SL	5.00	16	341.			341.	
255	ADJUSTABLE SUPPORT BRACKET	041009	SL	5.00	16	276.			276.	
256	IKEA DESK - GALANT	070309	SL	5.00	16	722.			722.	
263	OFFICE EQUIPMENT	033110	SL	5.00	16	4,491.			4,491.	4

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accum Depre
264	OFFICE EQUIPMENT	033111	SL	5.00	16	464.			464.	
280	HP PRINTERS	062015	SL	5.00	16	2,190.			2,190.	
96584	OFFICE EQUIPMENT	093090	SL	5.00	16	2,066.			2,066.	2
* 990 PAGE 10 TOTAL										
- OFFICE EQUIPMENT						51,382.		0.	51,382.	48
* GRAND TOTAL 990 PAGE 10 DEPR						176,738.		0.	176,738.	155

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- 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.

**Electronic filing (e-file)** - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number**

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>FREE SOFTWARE FOUNDATION, INC.</b>	Employer identification number (EIN) or <b>04-2888848</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>51 FRANKLIN STREET, 5TH FLOOR, NO. 500</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02110-1307</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**GEOFFREY KNAUTH, TREASURER**

- The books are in the care of ▶ **51 FRANKLIN STREET, 5TH FLOOR - BOSTON, MA 02111-1307**  
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.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2016**, 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, 2014**, and ending **SEP 30, 2015**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**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.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>FREE SOFTWARE FOUNDATION, INC.</b>	Employer identification number (EIN) or <b>04-2888848</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>51 FRANKLIN STREET, 5TH FLOOR, NO. 500</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02110-1307</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

**GEOFFREY KNAUTH, TREASURER**

- The books are in the care of **51 FRANKLIN STREET, 5TH FLOOR - BOSTON, MA 02111-1307**  
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, 2016**.

**5** For calendar year \_\_\_\_\_, or other tax year beginning **OCT 1, 2014**, and ending **SEP 30, 2015**.

**6** If the tax year entered in line 5 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 NECESSARY TO GATHER THE REQUIRED INFORMATION.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 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.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

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  Title **TREASURER** Date



2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FREE SOFTWARE FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accum Depre
273	(D)MOTHERBOARD WHITAKERS BROTHERS	102713	SL	5.00	16	830.			830.	
274	FOLDING MACHINE MICROCENTER	111213	SL	5.00	16	1,585.			1,585.	
275	HARDDRIVE	121113	SL	5.00	16	602.			602.	
276	CAMERA ELPHEL LENOVO THINKPAD	030414	SL	5.00	16	2,300.			2,300.	
278	X200	012915	SL	5.00	16	1,000.			1,000.	
	COMPUTER EQUIPMENT									
93	RICKTEL COMPUTER NETWORK	022505	SL	3.00	17	4,560.			4,560.	4
94	RICKTEL COMPUTER NETWORK	031705	SL	3.00	17	1,342.			1,342.	1
95	SERVER ROOM REDSTAR SERVER ROOM	041805	SL	3.00	17	5,096.			5,096.	5
96	AIR UNIT STAY ONLINE SERVER	050305	SL	5.00	17	8,000.			8,000.	8
97	ROOM RICKTEL COMPUTER	051305	SL	3.00	17	360.			360.	
98	NETWORK	050605	SL	3.00	17	5,827.			5,827.	5
105	KEYBOARD	100105	SL	5.00	17	104.			104.	
115	DUAL-CORE PROCESSOR TYAN SERVER	110105	SL	5.00	17	1,732.			1,732.	1
116	RACKMOUNT	110105	SL	5.00	17	889.			889.	
121	EXTERNAL HARD DRIVE	040106	SL	5.00	17	230.			230.	
122	KEYBOARD	080106	SL	5.00	17	105.			105.	
123	CPU 1.8G	080106	SL	5.00	17	542.			542.	

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FREE SOFTWARE FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accum Depre
126	SERVER	080106	SL	5.00	17	825.			825.	
127	KEYBOARD	090106	SL	5.00	17	105.			105.	
131	COMPAQ LCD PANEL 15"	020106	SL	5.00	17	200.			200.	
134	SAMSUNG SYNCMASTER 760 VTFT	073007	SL	5.00	17	250.			250.	
135	D-LINK SWITCH 24P+4SFP	101506	SL	5.00	17	688.			688.	
138	D-LINK SWITCH 24P+4SFP	101506	SL	5.00	17	688.			688.	
139	INTEL PT DUAL PORT SRVR ADPTR	101506	SL	5.00	17	195.			195.	
140	INTEL PT DUAL PORT SRVR ADPTR	101506	SL	5.00	17	195.			195.	
141	APC MASTERSWITCH POWER UNIT	101506	SL	5.00	17	203.			203.	
142	VIEWSONIC LCD 19IN VP930B	101506	SL	5.00	17	342.			342.	
143	D-LINK CONVERTER DEM-311GT	101506	SL	5.00	17	184.			184.	
144	SERVER	111506	SL	5.00	17	3,039.			3,039.	3
145	APC SMART-UPS XL TOWER	111506	SL	5.00	17	1,699.			1,699.	1
148	XEROX PHASER 4500DX PRINTER	111506	SL	5.00	17	2,306.			2,306.	2
156	FAN - SCYTHE	011507	SL	5.00	17	30.			30.	
157	2 DESKTOP COMPUTERS	011507	SL	5.00	17	1,679.			1,679.	1
160	SEAGATE CHEETAH 146GB HARD DRIVE	031507	SL	5.00	17	795.			795.	
161	MEM 1GX2 CORSAIR D400	041507	SL	5.00	17	158.			158.	

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FREE SOFTWARE FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accum Depre
162	FLASH 2G SANDISK	041507	SL	5.00	17	51.			51.	
163	5 DESKTOP COMPUTERS	051507	SL	5.00	17	4,807.			4,807.	4
164	D-LINK NETWORK SWITCH	051507	SL	5.00	17	391.			391.	
166	2 MEM 1GX2 KST	051507	SL	5.00	17	360.			360.	
168	ACER 15IN LCD MONITOR	061507	SL	5.00	17	194.			194.	
169	SAMSUNG SYNCMASTER 204B	081507	SL	5.00	17	234.			234.	
178	TDK LTO ULTRIUM 800GB DATA CARTRIDG	101507	SL	5.00	16	777.			777.	
179	BACKUP SERVER COMPONENTS	101507	SL	5.00	16	792.			792.	
180	ADAPTEC EXPRESS CONTROLLER CARD	101507	SL	5.00	16	179.			179.	
181	HP STORAGEWORKS MSL2024 ULTRIUM	101507	SL	5.00	16	6,573.			6,573.	6
183	SUN LTO-4 DATA CARTRIDGES 800/1600	031508	SL	5.00	16	461.			461.	
184	SYSTEM ELECTRONICS	041508	SL	5.00	16	640.			640.	
185	WWW.NEWEGG.COM	041508	SL	5.00	16	633.			633.	
187	WWW.NEWEGG.COM	041508	SL	5.00	16	300.			300.	
190	CORSAIR 1GB SERVER MEMORY	051508	SL	5.00	16	424.			424.	
191	RACKFORM NSERV A236	051508	SL	5.00	16	2,394.			2,394.	2
192	WWW.NEWEGG.COM	061508	SL	5.00	16	1,225.			1,225.	1
194	WESTERN DIGITAL 3 GB/S HARD DRIVE	071508	SL	5.00	16	180.			180.	

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FREE SOFTWARE FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accum Depre
197	SAMSUNG TOC T240 24" WIDESCREEN LCD	091508	SL	5.00	16	464.			464.	
198	SAMSUNG 943BX 19" LCD MONITOR	091508	SL	5.00	16	305.			305.	
199	LG EXTERNAL DVD BURNER	091508	SL	5.00	16	119.			119.	
200	CDW DIRECT	061508	SL	5.00	16	259.			259.	
201	ULTRIUM 1.6 TB DATA TAPE CARTRIDGE	011508	SL	5.00	16	505.			505.	
202	CORSAIR 1GB 184-PIN SERVER MEMORY	031508	SL	5.00	16	137.			137.	
203	KINGSTON 2GB 240-PIN SERVER MEMO	031508	SL	5.00	16	299.			299.	
204	COMPUTER EQUIPMENT	031508	SL	5.00	16	343.			343.	
207	WIRELESS-G USB ADAPTER	101408	SL	5.00	16	25.			25.	
208	KINGSTON MEMORY - 1024 MB	101408	SL	5.00	16	45.			45.	
209	LIGHTBULBS	102108	SL	5.00	16	22.			22.	
210	10 PACK DELL OYN156 800GB	110308	SL	5.00	16	579.			579.	
211	UBIQUITI SR71-A MINI PCI CARD	110308	SL	5.00	16	148.			148.	
213	SEAGATE BARRACUDA 7200.11 1.5TB HARD	110308	SL	5.00	16	380.			380.	
214	D-LINK DGS-2208 8-PORT ETHERNET SWI	110308	SL	5.00	16	92.			92.	
215	KINGSTON 4GB 240-PIN DDR2 SERVER	010309	SL	5.00	16	465.			465.	
216	SAMSUNG 22" WIDESCREEN LCD MONI	010309	SL	5.00	16	250.			250.	
218	8 SEAGATE BARRACUDA 1.5 TB HARD DRIVES	010309	SL	5.00	16	1,040.			1,040.	1

428102  
05-01-14

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bo

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FREE SOFTWARE FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accum Depre
219	2 SEAGATE BARRACUDA 1.5TB HARD DRIVE	010309	SL	5.00	16	260.			260.	
220	CANON POWERSHOT A590 DIGITAL CAMERA	020309	SL	5.00	16	115.			115.	
221	LG BLACK & WHITE USB DVD DRIVE	020309	SL	5.00	16	109.			109.	
222	LAPTOP MEMORY MODEL F2-5300CL5S-4GBSQ	020309	SL	5.00	16	210.			210.	
223	COMPUTER PARTS	020309	SL	5.00	16	417.			417.	
224	PATRIOT XPORTER MAGNUM 64GB FLAH DR	020309	SL	5.00	16	130.			130.	
225	ASUS MOTHERBOARD	020309	SL	5.00	16	156.			156.	
226	PATRIOT XPORTER 64GB USB PEN DRIVE	022809	SL	5.00	16	200.			200.	
227	SUPERMICRO 64-BIT SATA CONTROLLER	030309	SL	5.00	16	107.			107.	
228	A-DATA 8GB MICRO FLASH CARD	030309	SL	5.00	16	17.			17.	
229	METRO DATAVAC PRO SERIES VACUUM	030309	SL	5.00	16	162.			162.	
230	STANDARD SECURITY PLATES	030309	SL	5.00	16	158.			158.	
231	SEAGATE BARRACUDA 1.5TB 7200 RPM HARD	041109	SL	5.00	16	260.			260.	
233	RACKFORM NSERV A26617 6 VOLT BATTERY	041109	SL	5.00	16	3,306.			3,306.	3
234	TERMINALS	052009	SL	5.00	16	439.			439.	
236	IBM THINKPAD T42 LAPTOP 1.7GHZ 2GB	060309	SL	5.00	16	558.			558.	
237	SEAGATE 146GB 10K RPM ULTRA320	070309	SL	5.00	16	166.			166.	
238	GIGABYTE ATX AM2 MOTHERBOARD	070309	SL	5.00	16	75.			75.	

428102  
05-01-14

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bo

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FREE SOFTWARE FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accum Depre
239	HUAWEI UMG181 T-MOBILE WEBCONNECT	070309	SL	5.00	16	153.			153.	
240	COMPUTER PARTS	070309	SL	5.00	16	586.			586.	
241	3 SEAGATE BARACUDA 32 MB HARD DRIVE	070309	SL	5.00	16	390.			390.	
242	COMPUTER ACCESSORIES	070309	SL	5.00	16	450.			450.	
243	6 SEAGATE BARRACUDA 32 MB HARD DRIVE	070309	SL	5.00	16	804.			804.	
244	8 KINGSTON 4GB 240-PIN DDR2 SERVER	070309	SL	5.00	16	684.			684.	
245	RACKFORM NSERV A276	073109	SL	5.00	16	4,780.			4,780.	4
246	RACKFORM NSERV A276	073109	SL	5.00	16	4,780.			4,780.	4
247	IBM THINKPAD T41 1.6GHZ 1.5 GIGS	080309	SL	5.00	16	239.			239.	
248	SANS DIGITAL ES104TI RACKMOUNT S	080309	SL	5.00	16	330.			330.	
257	2.5" 64 GB SATA II SLC INTERNAL SOLID	020309	SL	5.00	16	732.			732.	
258	MAPLIN ELECTRONICS	022809	SL	5.00	16	188.			188.	
259	H8DME MAINBOARD	032009	SL	5.00	16	869.			869.	
260	6 WIFI WIRELESS ADAPTERS	022809	SL	5.00	16	295.			295.	
262	COMPUTERS	033110	SL	5.00	16	7,971.			7,971.	7
265	COMPUTER EQUIPMENT	033111	SL	5.00	16	2,184.			2,184.	1
266	SERVER	033112	SL	5.00	16	9,524.			9,524.	4
267	SERVER COMPONENTS	050713	SL	5.00	16	928.			928.	

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FREE SOFTWARE FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accum Depre
268	PROVANTAGE - SERVER	041213	SL	5.00	16	1,978.			1,978.	
269	NEWEGG INTERNAL HARD DRIVE	052413	SL	5.00	16	602.			602.	
270	DELPHI CAMERA	091113	SL	5.00	16	1,165.			1,165.	
271	AMAZON HARDWARE FOR OFFICE DESKTOP	090913	SL	5.00	16	828.			828.	
272	AMAZON HARDWARE FOR OFFICE DESKTOP	090913	SL	5.00	16	924.			924.	
277	SEAGATE DESKSTOP HDD HARDDRIVE	102214	SL	5.00	16	750.			750.	
279	SEAGATE DESKSTOP HDD HARDDRIVE	092015	SL	5.00	16	1,600.			1,600.	
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPME					119,039.		0.	119,039.	105
	OFFICE EQUIPMENT									
7	TELEPHONE SYSTEM	060195	SL	5.00	16	720.			720.	
8	OFFICE FURNITURE	063095	SL	5.00	16	2,261.			2,261.	2
9	NCD TERMINALS	063098	SL	3.00	16	381.			381.	
10	LATERAL FILE	121400	SL	5.00	16	714.			714.	
11	SHELVING	011101	SL	5.00	16	264.			264.	
18	FIRE PROOF CABINETS	072600	SL	5.00	16	600.			600.	
19	SHELVING	072100	SL	5.00	16	198.			198.	
23	COMPUTER CART	071300	SL	5.00	16	91.			91.	
24	OFFICE EQUIPMENT	063000	SL	5.00	16	310.			310.	

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FREE SOFTWARE FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accum Depre
25	FIRE PROOF FILE CABINET	072600	SL	5.00	16	600.			600.	
27	OFFICE EQUIPMENT	090700	SL	5.00	16	610.			610.	
28	COMPUTER	071500	SL	5.00	16	2,905.			2,905.	2
30	OFFICE EQUIPMENT	011101	SL	5.00	16	194.			194.	
31	FOLDING TABLE	021501	SL	5.00	16	69.			69.	
36	(2) FILE DRAWERS	051001	SL	5.00	16	334.			334.	
37	DESK	053101	SL	5.00	16	100.			100.	
39	SHELVING	062701	SL	5.00	16	70.			70.	
41	OFFICE EQUIPMENT	031502	SL	5.00	17	5,832.			5,832.	5
45	DESK	081501	SL	5.00	16	441.			441.	
46	SHELVING	090601	SL	5.00	16	250.			250.	
47	CONFERENCE TABLE, 2 CHAIRS & WOOD LITE	022002	SL	5.00	17	1,368.			1,368.	1
48	DUPLEX HP LASERJET 4100 PRINTER	062402	SL	5.00	17	1,630.			1,630.	1
55	OFFICE EQUIPMENT	103102	SL	5.00	17	200.			200.	
58	OFFICE EQUIPMENT	013103	SL	5.00	17	146.			146.	
59	OFFICE EQUIPMENT	013103	SL	5.00	17	195.			195.	
61	OFFICE EQUIPMENT	022803	SL	5.00	17	415.			415.	
62	COMPUTER EQUIPMENT	033103	SL	5.00	17	117.			117.	

428102  
05-01-14

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bo



2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FREE SOFTWARE FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accum Depre
63	OFFICE EQUIPMENT	033103	SL	5.00	17	47.			47.	
64	PRINTER	033103	SL	5.00	17	499.			499.	
65	OFFICE EQUIPMENT	050103	SL	5.00	17	55.			55.	
69	OFFICE EQUIPMENT	063003	SL	5.00	17	187.			187.	
70	PHONES	063003	SL	5.00	17	200.			200.	
73	OFFICE EQUIPMENT	083103	SL	5.00	17	460.			460.	
78	(2) AERON CHAIRS	113003	SL	5.00	17	1,158.			1,158.	1
79	DESK, PLATFORM & PANELS	121403	SL	5.00	17	974.			974.	
85	COPIER (ZF25) / PRINTER / FAX	071604	SL	5.00	17	6,618.			6,618.	6
86	OFFICE EQUIPMENT	073104	SL	3.00	17	190.			190.	
87	SHREDDER	093004	SL	3.00	17	196.			196.	
101	SECURITY LOCK	042505	SL	7.00	17	777.			777.	
102	(8) DESKS	051305	SL	7.00	17	1,460.			1,460.	1
103	REFRIGERATOR	051305	SL	7.00	17	412.			412.	
104	STORAGE TOWER	100105	SL	7.00	17	255.			255.	
112	WHITEBOARD	100105	SL	7.00	17	150.			150.	
117	TASK CHAIRS	110105	SL	7.00	17	567.			567.	
120	DESK	010106	SL	7.00	17	177.			177.	

428102  
05-01-14

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bo

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FREE SOFTWARE FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accum Depre
128	TASK CHAIRS	090106	SL	7.00	17	507.			507.	
146	HUBBELL CENTER WEIGHT SHELF	111506	SL	7.00	17	140.			140.	
147	MIDDLE ATLANTIC U2 RACK SHELF	111506	SL	7.00	17	113.			113.	
152	RACKSOLUTIONS 2 POST CONVERSION KIT	121506	SL	7.00	17	582.			582.	
158	SOLDER STATION	011507	SL	5.00	17	113.			113.	
174	4 HIGHBACK TILTER CHAIRS	051507	SL	7.00	16	600.			600.	
175	IKEA DESK - GALANT	081507	SL	7.00	16	159.			159.	
182	FULL SPECTRUM SOLUTIONS	121507	SL	5.00	16	189.			189.	
205	NEO FREERUNNER GSM850 CELL PHONES	081508	SL	5.00	16	2,392.			2,392.	2
249	BAGEL CART	101408	SL	5.00	16	23.			23.	
250	FREEDOM SLIM KEYPAD	020309	SL	5.00	16	271.			271.	
251	CARDSCAN 880C USB SCANNER CRM	022809	SL	5.00	16	52.			52.	
252	PLANTRONICS CALISTO CORDLESS PHONE W/	030309	SL	5.00	16	206.			206.	
253	BLUETOOTH MOUSE AND ACCESSORIES	030909	SL	5.00	16	88.			88.	
254	DEXXON DATA MEDIA	030909	SL	5.00	16	341.			341.	
255	ADJUSTABLE SUPPORT BRACKET	041009	SL	5.00	16	276.			276.	
256	IKEA DESK - GALANT	070309	SL	5.00	16	722.			722.	
263	OFFICE EQUIPMENT	033110	SL	5.00	16	4,491.			4,491.	4

428102  
05-01-14

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bo

2014 DEPRECIATION AND AMORTIZATION REPORT  
 - CURRENT YEAR FEDERAL - FREE SOFTWARE FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accun Depre
264	OFFICE EQUIPMENT	033111	SL	5.00	16	464.			464.	
280	HP PRINTERS	062015	SL	5.00	16	2,190.			2,190.	
96584	OFFICE EQUIPMENT	093090	SL	5.00	16	2,066.			2,066.	2
	* 990 PAGE 10 TOTAL									
	- OFFICE EQUIPMENT					51,382.		0.	51,382.	48
	* GRAND TOTAL 990									
	PAGE 10 DEPR					176,738.		0.	176,738.	155

2015 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

FREE SOFTWARE FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation
274	WHITAKERS BROTHERS FOLDING MACHINE	111213	SL	5.00	1,585.		1,585.
275	MICROCENTER HARDDRIVE	121113	SL	5.00	602.		602.
276	CAMERA ELPHEL	030414	SL	5.00	2,300.		2,300.
278	LENOVO THINKPAD X200	012915	SL	5.00	1,000.		1,000.
	COMPUTER EQUIPMENT						
93	RICKTEL COMPUTER NETWORK	022505	SL	3.00	4,560.		4,560.
94	RICKTEL COMPUTER NETWORK	031705	SL	3.00	1,342.		1,342.
95	SERVER ROOM	041805	SL	3.00	5,096.		5,096.
96	REDSTAR SERVER ROOM AIR UNIT	050305	SL	5.00	8,000.		8,000.
97	STAY ONLINE SERVER ROOM	051305	SL	3.00	360.		360.
98	RICKTEL COMPUTER NETWORK	050605	SL	3.00	5,827.		5,827.
105	KEYBOARD	100105	SL	5.00	104.		104.
115	DUAL-CORE PROCESSOR	110105	SL	5.00	1,732.		1,732.
116	TYAN SERVER RACKMOUNT	110105	SL	5.00	889.		889.
121	EXTERNAL HARD DRIVE	040106	SL	5.00	230.		230.
122	KEYBOARD	080106	SL	5.00	105.		105.
123	CPU 1.8G	080106	SL	5.00	542.		542.
126	SERVER	080106	SL	5.00	825.		825.
127	KEYBOARD	090106	SL	5.00	105.		105.
131	COMPAQ LCD PANEL 15"	020106	SL	5.00	200.		200.
134	SAMSUNG SYNCMASTER 760 VTFT	073007	SL	5.00	250.		250.
135	D-LINK SWITCH 24P+4SFP	101506	SL	5.00	688.		688.
138	D-LINK SWITCH 24P+4SFP	101506	SL	5.00	688.		688.
139	INTEL PT DUAL PORT SRVR ADPTR	101506	SL	5.00	195.		195.
140	INTEL PT DUAL PORT SRVR ADPTR	101506	SL	5.00	195.		195.
141	APC MASTERSWITCH POWER UNIT	101506	SL	5.00	203.		203.
142	VIEWSONIC LCD 19IN VP930B	101506	SL	5.00	342.		342.
143	D-LINK CONVERTER DEM-311GT	101506	SL	5.00	184.		184.
144	SERVER	111506	SL	5.00	3,039.		3,039.
145	APC SMART-UPS XL TOWER	111506	SL	5.00	1,699.		1,699.
148	XEROX PHASER 4500DX PRINTER	111506	SL	5.00	2,306.		2,306.
156	FAN - SCYTHE	011507	SL	5.00	30.		30.
157	2 DESKTOP COMPUTERS	011507	SL	5.00	1,679.		1,679.
160	SEAGATE CHEETAH 146GB HARD DRIVE	031507	SL	5.00	795.		795.

2015 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

FREE SOFTWARE FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation
161	MEM 1GX2 CORSAIR D400	041507	SL	5.00	158.		158.
162	FLASH 2G SANDISK	041507	SL	5.00	51.		51.
163	5 DESKTOP COMPUTERS	051507	SL	5.00	4,807.		4,807.
164	D-LINK NETWORK SWITCH	051507	SL	5.00	391.		391.
166	2 MEM 1GX2 KST	051507	SL	5.00	360.		360.
168	ACER 15IN LCD MONITOR	061507	SL	5.00	194.		194.
169	SAMSUNG SYNCMASTER 204B	081507	SL	5.00	234.		234.
178	TDK LTO ULTRIUM 800GB DATA CARTRIDGE	101507	SL	5.00	777.		777.
179	BACKUP SERVER COMPONENTS	101507	SL	5.00	792.		792.
180	ADAPTEC EXPRESS CONTROLLER CARD	101507	SL	5.00	179.		179.
181	HP STORAGEWORKS MSL2024 ULTRIUM SUN LTO-4 DATA CARTRIDGES 800/1600	101507	SL	5.00	6,573.		6,573.
183	GB	031508	SL	5.00	461.		461.
184	SYSTEM ELECTRONICS	041508	SL	5.00	640.		640.
185	WWW.NEWEGG.COM	041508	SL	5.00	633.		633.
187	WWW.NEWEGG.COM	041508	SL	5.00	300.		300.
190	CORSAIR 1GB SERVER MEMORY	051508	SL	5.00	424.		424.
191	RACKFORM NSERV A236	051508	SL	5.00	2,394.		2,394.
192	WWW.NEWEGG.COM	061508	SL	5.00	1,225.		1,225.
194	WESTERN DIGITAL 3 GB/S HARD DRIVE SAMSUNG TOC T240 24" WIDESCREEN LCD	071508	SL	5.00	180.		180.
197	MONITOR	091508	SL	5.00	464.		464.
198	SAMSUNG 943BX 19" LCD MONITOR	091508	SL	5.00	305.		305.
199	LG EXTERNAL DVD BURNER	091508	SL	5.00	119.		119.
200	CDW DIRECT	061508	SL	5.00	259.		259.
201	ULTRIUM 1.6 TB DATA TAPE CARTRIDGE	011508	SL	5.00	505.		505.
202	CORSAIR 1GB 184-PIN SERVER MEMORY	031508	SL	5.00	137.		137.
203	KINGSTON 2GB 240-PIN SERVER MEMORY	031508	SL	5.00	299.		299.
204	COMPUTER EQUIPMENT	031508	SL	5.00	343.		343.
207	WIRELESS-G USB ADAPTER	101408	SL	5.00	25.		25.
208	KINGSTON MEMORY - 1024 MB	101408	SL	5.00	45.		45.
209	LIGHTBULBS	102108	SL	5.00	22.		22.
210	10 PACK DELL OYN156 800GB	110308	SL	5.00	579.		579.
211	UBIQUITI SR71-A MINI PCI CARD	110308	SL	5.00	148.		148.

2015 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

FREE SOFTWARE FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation
213	SEAGATE BARRACUDA 7200.11 1.5TB HARD DRIVE	11/03/08	SL	5.00	380.		380.
214	D-LINK DGS-2208 8-PORT ETHERNET SWITCH	11/03/08	SL	5.00	92.		92.
215	KINGSTON 4GB 240-PIN DDR2 SERVER MEMORY	01/03/09	SL	5.00	465.		465.
216	SAMSUNG 22" WIDESCREEN LCD MONITOR	01/03/09	SL	5.00	250.		250.
218	8 SEAGATE BARRACUDA 1.5 TB HARD DRIVES	01/03/09	SL	5.00	1,040.		1,040.
219	2 SEAGATE BARRACUDA 1.5TB HARD DRIVE	01/03/09	SL	5.00	260.		260.
220	CANON POWERSHOT A590 DIGITAL CAMERA	02/03/09	SL	5.00	115.		115.
221	LG BLACK & WHITE USB DVD DRIVE	02/03/09	SL	5.00	109.		109.
222	LAPTOP MEMORY MODEL F2-5300CL5S-4GBSQ	02/03/09	SL	5.00	210.		210.
223	COMPUTER PARTS	02/03/09	SL	5.00	417.		417.
224	PATRIOT XPORTER MAGNUM 64GB FLAHD DRIVE	02/03/09	SL	5.00	130.		130.
225	ASUS MOTHERBOARD	02/03/09	SL	5.00	156.		156.
226	PATRIOT XPORTER 64 GB USB PEN DRIVE	02/28/09	SL	5.00	200.		200.
227	SUPERMICRO 64-BIT SATA CONTROLLER	03/03/09	SL	5.00	107.		107.
228	A-DATA 8GB MICRO FLASH CARD	03/03/09	SL	5.00	17.		17.
229	METRO DATAVAC PRO SERIES VACUUM	03/03/09	SL	5.00	162.		162.
230	STANDARD SECURITY PLATES	03/03/09	SL	5.00	158.		158.
231	SEAGATE BARRACUDA 1.5TB 7200 RPM HARD DRIVE	04/10/09	SL	5.00	260.		260.
233	RACKFORM NSERV A266	04/10/09	SL	5.00	3,306.		3,306.
234	17 6 VOLT BATTERY TERMINALS	05/20/09	SL	5.00	439.		439.
236	IBM THINKPAD T42 LAPTOP 1.7GHZ 2GB	06/03/09	SL	5.00	558.		558.
237	SEAGATE 146GB 10K RPM ULTRA320	07/03/09	SL	5.00	166.		166.
238	GIGABYTE ATX AM2 MOTHERBOARD	07/03/09	SL	5.00	75.		75.
239	HUAWEI UMG181 T-MOBILE WEBCONNECT USB 3G	07/03/09	SL	5.00	153.		153.
240	COMPUTER PARTS	07/03/09	SL	5.00	586.		586.
241	3 SEAGATE BARACUDA 32 MB HARD DRIVE	07/03/09	SL	5.00	390.		390.

2015 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

FREE SOFTWARE FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation
242	COMPUTER ACCESSORIES	070309	SL	5.00	450.		450.
243	6 SEAGATE BARRACUDA 32 MB HARD DRIVE	070309	SL	5.00	804.		804.
	8 KINGSTON 4GB 240-PIN DDR2 SERVER						
244	MEMORY	070309	SL	5.00	684.		684.
245	RACKFORM NSERV A276	073109	SL	5.00	4,780.		4,780.
246	RACKFORM NSERV A276	073109	SL	5.00	4,780.		4,780.
247	IBM THINKPAD T41 1.6GHZ 1.5 GIGS	080309	SL	5.00	239.		239.
	SANS DIGITAL ES104TI RACKMOUNT						
248	SAS/SATA TO ESATA	080309	SL	5.00	330.		330.
	2.5" 64 GB SATA II SLC INTERNAL						
257	SOLID STATE DISK	020309	SL	5.00	732.		732.
258	MAPLIN ELECTRONICS	022809	SL	5.00	188.		188.
259	H8DME MAINBOARD	032009	SL	5.00	869.		869.
260	6 WIFI WIRELESS ADAPTERS	022809	SL	5.00	295.		295.
262	COMPUTERS	033110	SL	5.00	7,971.		7,971.
265	COMPUTER EQUIPMENT	033111	SL	5.00	2,184.		2,184.
266	SERVER	033112	SL	5.00	9,524.		9,524.
267	SERVER COMPONENTS	050713	SL	5.00	928.		928.
268	PROVANTAGE - SERVER	041213	SL	5.00	1,978.		1,978.
269	NEWEGG INTERNAL HARD DRIVE	052413	SL	5.00	602.		602.
270	ELPHEL CAMERA	091113	SL	5.00	1,165.		1,165.
271	AMAZON HARDWARE FOR OFFICE DESKTOP	090913	SL	5.00	828.		828.
272	AMAZON HARDWARE FOR OFFICE DESKTOP	090913	SL	5.00	924.		924.
277	SEAGATE DESKSTOP HDD HARDDRIVE	102214	SL	5.00	750.		750.
279	SEAGATE DESKSTOP HDD HARDDRIVE	092015	SL	5.00	1,600.		1,600.
	* 990 PAGE 10 TOTAL - COMPUTER						
	EQUIPMENT				119,039.		119,039.
	OFFICE EQUIPMENT						
7	TELEPHONE SYSTEM	060195	SL	5.00	720.		720.
8	OFFICE FURNITURE	063095	SL	5.00	2,261.		2,261.
9	NCD TERMINALS	063098	SL	3.00	381.		381.
10	LATERAL FILE	121400	SL	5.00	714.		714.
11	SHELVING	011101	SL	5.00	264.		264.
18	FIRE PROOF CABINETS	072600	SL	5.00	600.		600.

2015 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

FREE SOFTWARE FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation
19	SHELVING	072100	SL	5.00	198.		198.
23	COMPUTER CART	071300	SL	5.00	91.		91.
24	OFFICE EQUIPMENT	063000	SL	5.00	310.		310.
25	FIRE PROOF FILE CABINET	072600	SL	5.00	600.		600.
27	OFFICE EQUIPMENT	090700	SL	5.00	610.		610.
28	COMPUTER	071500	SL	5.00	2,905.		2,905.
30	OFFICE EQUIPMENT	011101	SL	5.00	194.		194.
31	FOLDING TABLE	021501	SL	5.00	69.		69.
36	(2) FILE DRAWERS	051001	SL	5.00	334.		334.
37	DESK	053101	SL	5.00	100.		100.
39	SHELVING	062701	SL	5.00	70.		70.
41	OFFICE EQUIPMENT	031502	SL	5.00	5,832.		5,832.
45	DESK	081501	SL	5.00	441.		441.
46	SHELVING	090601	SL	5.00	250.		250.
	CONFERENCE TABLE, 2 CHAIRS & WOOD						
47	LITERATURE ORGANIZER	022002	SL	5.00	1,368.		1,368.
48	DUPLEX HP LASERJET 4100 PRINTER	062402	SL	5.00	1,630.		1,630.
55	OFFICE EQUIPMENT	103102	SL	5.00	200.		200.
58	OFFICE EQUIPMENT	013103	SL	5.00	146.		146.
59	OFFICE EQUIPMENT	013103	SL	5.00	195.		195.
61	OFFICE EQUIPMENT	022803	SL	5.00	415.		415.
62	COMPUTER EQUIPMENT	033103	SL	5.00	117.		117.
63	OFFICE EQUIPMENT	033103	SL	5.00	47.		47.
64	PRINTER	033103	SL	5.00	499.		499.
65	OFFICE EQUIPMENT	050103	SL	5.00	55.		55.
69	OFFICE EQUIPMENT	063003	SL	5.00	187.		187.
70	PHONES	063003	SL	5.00	200.		200.
73	OFFICE EQUIPMENT	083103	SL	5.00	460.		460.
78	(2) AERON CHAIRS	113003	SL	5.00	1,158.		1,158.
79	DESK, PLATFORM & PANELS	121403	SL	5.00	974.		974.
	COPIER (ZF25)/PRINTER/FAX WITH						
85	ATTACHMENTS	071604	SL	5.00	6,618.		6,618.
86	OFFICE EQUIPMENT	073104	SL	3.00	190.		190.
87	SHREDDER	093004	SL	3.00	196.		196.



2015 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

FREE SOFTWARE FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation
101	SECURITY LOCK	042505	SL	7.00	777.		777.
102	(8) DESKS	051305	SL	7.00	1,460.		1,460.
103	REFRIGERATOR	051305	SL	7.00	412.		412.
104	STORAGE TOWER	100105	SL	7.00	255.		255.
112	WHITEBOARD	100105	SL	7.00	150.		150.
117	TASK CHAIRS	110105	SL	7.00	567.		567.
120	DESK	010106	SL	7.00	177.		177.
128	TASK CHAIRS	090106	SL	7.00	507.		507.
146	HUBBELL CENTER WEIGHT SHELF	111506	SL	7.00	140.		140.
147	MIDDLE ATLANTIC U2 RACK SHELF	111506	SL	7.00	113.		113.
152	RACKSOLUTIONS 2 POST CONVERSION KIT	121506	SL	7.00	582.		582.
158	SOLDER STATION	011507	SL	5.00	113.		113.
174	4 HIGHBACK TILTER CHAIRS	051507	SL	7.00	600.		600.
175	IKEA DESK - GALANT	081507	SL	7.00	159.		159.
182	FULL SPECTRUM SOLUTIONS	121507	SL	5.00	189.		189.
205	NEO FREERUNNER GSM850 CELL PHONES	081508	SL	5.00	2,392.		2,392.
249	BAGEL CART	101408	SL	5.00	23.		23.
250	FREEDOM SLIM KEYPAD	020309	SL	5.00	271.		271.
251	CARDSCAN 880C USB SCANNER CRM	022809	SL	5.00	52.		52.
252	PLANTRONICS CALISTO CORDLESS PHONE W/ BLUETOOTH	030309	SL	5.00	206.		206.
253	BLUETOOTH MOUSE AND ACCESSORIES	030909	SL	5.00	88.		88.
254	DEXXON DATA MEDIA	030909	SL	5.00	341.		341.
255	ADJUSTABLE SUPPORT BRACKET	041009	SL	5.00	276.		276.
256	IKEA DESK - GALANT	070309	SL	5.00	722.		722.
263	OFFICE EQUIPMENT	033110	SL	5.00	4,491.		4,491.
264	OFFICE EQUIPMENT	033111	SL	5.00	464.		464.
280	HP PRINTERS	062015	SL	5.00	2,190.		2,190.
96584	OFFICE EQUIPMENT	093090	SL	5.00	2,066.		2,066.
	* 990 PAGE 10 TOTAL - OFFICE EQUIPMENT				51,382.		51,382.
	* GRAND TOTAL 990 PAGE 10 DEPR				175,908.		175,908.

**The Commonwealth of Massachusetts**  
**OFFICE OF THE ATTORNEY GENERAL**  
**NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION**  
**ONE ASHBURTON PLACE**  
**BOSTON, MASSACHUSETTS 02108**

Office Use Only: Fiscal Year

(617) 727-2200, ext. 2101  
[www.mass.gov/ago/charities](http://www.mass.gov/ago/charities)

**Form PC**

Report for the Fiscal Period: 10/01/14 to 09/30/15

Attorney General's Account #: 020539

Federal ID #: 04-2888848

When did the organization first engage in charitable work in Massachusetts? 10/01/1985

Has the organization applied for or been granted IRS tax exempt status?  Yes  No

If yes, date of application OR date of determination letter: 05/29/1986

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions?  Yes  No

Check all items attached (if applicable)	
<input checked="" type="checkbox"/>	Schedule A-1
<input checked="" type="checkbox"/>	Schedule A-2
<input type="checkbox"/>	Schedule RO
<input type="checkbox"/>	Probate Account
<input checked="" type="checkbox"/>	Copy of IRS Return
<input checked="" type="checkbox"/>	Audited Financial Statements/Review
<input checked="" type="checkbox"/>	Filing Fee
<input type="checkbox"/>	Amended Articles/By-Laws

**Organization Data**

Name: FREE SOFTWARE FOUNDATION, INC.

Mailing Address: 51 FRANKLIN STREET, 5TH FLOOR, NO. 500

City: BOSTON State: MA ZIP: 02110-1307

Phone Number: (617) 542-5942 Fax Number: 617-542-2652

Email: JOHNS@FSF.ORG Website: WWW.FSF.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	13	Organization Purpose Code 1	8
Type of Organization (Table 2)	26	Organization Purpose Code 2	54

Please check box if final return prior to dissolution:

Office Use Only: Payment Received

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 10/01/1985

2. Where was the organization created? BOSTON, MA

3. What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): \_\_\_\_\_

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.  Yes  No

5. Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	1,113,423.
B.	Gross support and revenue	1,194,286.
C.	Program services and similar amounts paid out	1,022,390.
D.	Fundraising expenses	84,924.
E.	Management and general expenses	100,666.
F.	Payments to affiliates	0.
G.	Total expenses	1,207,980.
H.	Net assets or fund balances at the end of the year	1,191,479.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	JOHN SULLIVAN EXECUTIVE DIR	0.00	89,354.	9,382.	0.
2.	JASIMIN HUANG BUSINESS OPERATIONS MANAGER	0.00	61,135.	9,197.	0.
3.	JOSH GAY CAMPAIGNS MANAGER	0.00	56,665.	19,946.	0.
4.	KAROL MAGINNIS SR. SYSTEMS ADMIN	0.00	63,984.	9,310.	0.
5.	ZAKKAI KAUFFMAN-ROGOFF CAMPAIGNS MANAGER	0.00	61,135.	9,277.	0.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet).  Yes  No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	CALDWELL LESLIE	45,000.	LEGAL
2.	JESSICA TALLON	25,819.	COMPUTER CONSULTING
3.	GOLOBOY CPA LLC	13,750.	ACCOUNTING
4.	CIARAN O'RIORDAN	5,000.	COMPUTER CONSULTING
5.	SOGNUS S.L.U.	3,000.	COMPUTER CONSULTING

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone numbers):

Bank	Address	Phone Number
EASTERN BANK	63 FRANKLIN ST, BOSTON, MA 02110	800-327-8376
SANTANDER BANK	75 STATE ST, BOSTON, MA 02109	617-757-3410

10. What is the organization's accounting method?  Cash  Accrual  
 Other (specify): \_\_\_\_\_

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

12. Contact Person Name: JASIMIN HUANG

Street Address: 51 FRANKLIN ST, 5TH FLOOR

City: BOSTON State: MA ZIP Code: 02110

Phone Number: 617-542-5942

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?  Yes  No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?  Yes  No

**If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.**

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. <i>(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)</i>	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

**STATEMENT 1**

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

**STATEMENT 2**

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?  Yes  No

**STATEMENT 3**

*If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.*

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FORM PC                      OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES                      STATEMENT      1

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<u>NAME AND ADDRESS</u>	<u>TITLE</u>
RICHARD M. STALLMAN 51 FRANKLIN ST. 5TH FL BOSTON, MA 02110	PRESIDENT & DIRECTOR
GEOFFREY KNAUTH 51 FRANKLIN ST. 5TH FL BOSTON, MA 02110	TREASURER & CLERK
HAL ABELSON 51 FRANKLIN ST. 5TH FL BOSTON, MA 02110	DIRECTOR
MATTHEW GARRETT 51 FRANKLIN ST. 5TH FL BOSTON, MA 02110	DIRECTOR
BRADLEY KUHN 51 FRANKLIN ST. 5TH FL BOSTON, MA 02110	DIRECTOR
BENJAMIN MAKO HILLS 51 FRANKLIN ST. 5TH FL BOSTON, MA 02110	DIRECTOR
HENRI POOLE 51 FRANKLIN ST. 5TH FL BOSTON, MA 02110	DIRECTOR
GERALD SUSSMAN 51 FRANKLIN ST. 5TH FL BOSTON, MA 02110	DIRECTOR
KAT WALSH 51 FRANKLIN ST. 5TH FL BOSTON, ME 02110	DIRECTOR
JOHN SULLIVAN 51 FRANKLIN ST. 5TH FL BOSTON, MA 02110	EXECUTIVE DIRECTOR

FORM PC

PAGE 4, LINE 18

STATEMENT 2

NAME AND ADDRESSAREA OF RESPONSIBILITY

JOHN SULLIVAN  
51 FRANKLIN ST. 5TH FL  
BOSTON, MA 02110

RESPONSIBLE FOR CUSTODY OF FUNDS

RICHARD M. STALLMAN  
51 FRANKLIN ST. 5TH FL  
BOSTON, MA 02110

RESPONSIBLE FOR CUSTODY OF FUNDS

GEOFFREY KNAUTH  
51 FRANKLIN ST. 5TH FL  
BOSTON, MA 02110

RESPONSIBLE FOR CUSTODY OF FUNDS

JOHN SULLIVAN  
51 FRANKLIN ST. 5TH FL  
BOSTON, MA 02110

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

JOHN SULLIVAN  
51 FRANKLIN ST. 5TH FL  
BOSTON, MA 02110

RESPONSIBLE FOR FUNDRAISING

JOHN SULLIVAN  
51 FRANKLIN ST. 5TH FL  
BOSTON, MA 02110

CUSTODY OF FINANCIAL RECORDS

JOHN SULLIVAN  
51 FRANKLIN ST. 5TH FL  
BOSTON, MA 02110

AUTHORIZED TO SIGN CHECKS

RICHARD M. STALLMAN  
51 FRANKLIN ST. 5TH FL  
BOSTON, MA 02110

AUTHORIZED TO SIGN CHECKS

GEOFFREY KNAUTH  
51 FRANKLIN ST. 5TH FL  
BOSTON, MA 02110

AUTHORIZED TO SIGN CHECKS

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FORM PC

PAGE 4, LINE 19

STATEMENT 3

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STATE

REG AGENCY

VARIOUS

DATE OF REG

REG NUMBER

OTHER NAMES USED

SOLICIT DATE

TYPE OF SOLICITATION

INTERNET



20. Has this organization or any of its officers, directors, or employees:

*If yes, please attach an explanation.*

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?  Yes  No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?  Yes  No
- (c) Been the subject of a proceeding regarding any solicitation or registration?  Yes  No
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency?  Yes  No

21. Have any restrictions been removed during the year from donor-restricted funds?

*If yes, please attach an explanation.*

Yes  No

22. Have donor-restricted funds been loaned to unrestricted funds?

*If yes, please attach an explanation.*

Yes  No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?  Yes  No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?  Yes  No

*If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

*If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.*

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director, or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors, or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Signature Required**

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: GEOFFREY KNAUTH

Title: TREASURER

Name of Preparer: GOLOBOY CPA LLC

Address 28 SOUTH MAIN STREET

City SHARON State MA ZIP Code 02067

Phone Number 781-793-5890

**Schedule A-1  
Solicitation Activities During Fiscal Year Covered By This Report**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

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Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input checked="" type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

JOHN SULLIVAN

Name and Title: EXECUTIVE DIRECTOR

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

RICHARD STALLMAN

Name and Title: PRESIDENT

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

GEOFFREY KNAUTH

Name and Title: TREASURER

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

JOHN SULLIVAN

Name and Title: EXECUTIVE DIRECTOR

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Schedule A-2**

**Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

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Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input checked="" type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

JOHN SULLIVAN

Name and Title: EXECUTIVE DIRECTOR

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

RICHARD STALLMAN

Name and Title: PRESIDENT

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

GEOFFREY KNAUTH

Name and Title: TREASURER

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

JOHN SULLIVAN

Name and Title: EXECUTIVE DIRECTOR

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

## Certification by Organization

**Two different signatures required.** Signers must be organization president or other authorized officer or trustee.

**Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: GEOFFREY KNAUTH

Title: TREASURER

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_



## Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. *(If you have more than five Related Organizations, please attach a list.)*

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

**Schedule RO ctd.**

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g. executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, above, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?  Yes  No