## Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service

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

Open to Public

A	For the	ne 2011 cale	endar year, or tax year beginning JANUARY 17 2011				R 31 ,2011
B	Check i applicat	1	C Name of organization The Squid Software Foundation	on			
	ddress	change	Doing Business As	J11	- D 7 - 4 5	oyer ic	lentification number
1	lame ch	nange	Number and street (or P.O. box if mail is not delivered to street address)	Τ	27-45		
X	nitialre	turn	10242 Fodowol Dissi rr '-	Room/Sui			
1	ermina	ted	City or town, state or country, and ZIP + 4	150	(303)	466	-3913
	mende	d return	Westminster CO 80260		G Gross		
		ion pending	E Name and address of mindred (f)		recei		4,750
	, ,	pending	See attachment #1		s a group retur		liates? Yes X No
II	ax-ex	empt status	77		ll affiliates incl		Yes No
JV	Vehsli	e htt	p://foundation.squid-cache.org	If "No	," attach a list.	(see ins	tructions)
KE	orm of	organization.	N -		exemption nu	mber	•
	art I		L rear of	f formation	2011	M St	ate of legal domicile: CO
	-	Summa					
	1	Briefly des	scribe the organization's mission or most significant activities:				
A		e atta	chment #2				
ACT-V-T-	-						
Į ž	-						
Ĭ	2	Check this	s box ▶ if the organization discontinued its operations or disposed of m	nore than	25% of its n	et asse	ats
		Number 0	r voting members of the governing body (Part VI, line 1a)			3	
EN	4	Number o	independent voting members of the governing body (Part VI, line 1b)			4	3
-ES	5	rotal num	per of individuals employed in calendar year 2011 (Part V. line 2a)			5	3
&	6	Total Hulli	ber of volunteers (estimate if necessary)			6	
	7a	rotal unite	ated business revenue from Part VIII, column (C), line 12			-	
	b	Net unrela	ted business taxable income from Form 990-T, line 34			7a	
_			1, 1110 04,	·····		7b	0
REVENUE	8	Contributio	ons and grants (Part VIII, line 1h)		Prior Year		Current Year
Ž	9	Program se	ervice revenue (Part VIII, line 2g)				4,750
N	10	Investment	income (Part VIII, column (A) lines 2.4 and 7.4)				
ñ	11	Other reve	tincome (Part VIII, column (A), lines 3, 4, and 7d)				
-	12	Total reven	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).				
	13	Grants and	nue add lines 8 through 11 (must equal Part VIII, column (A), line 12)				4,750
	14	Renefite no	similar amounts paid (Part IX, column (A), lines 1-3)				
EXPERSES	15	Salarine of	tid to or for members (Part IX, column (A), line 4)				
Ê	16a	Professions	ther compensation, employee benefits (Part IX, column (A), lines 5-10)				
N		Total fundr	al fundraising fees (Part IX, column (A), line 11e)				
S	17	Other even	aising expenses (Part IX, column (D), line 25)	_			
S	18	Total ovner	nses (Part IX, column (A), lines 11a-11d, 11f-24e)				2,646
		Pougnus la	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)				2,646
N	19	Revenue le	ss expenses. Subtract line 18 from line 12				2,104
SET ASSOCIATION OR HUND	200	Tatal		Begin	ning of Current	Year	End of Year
AS F	20	Total assets	s (Part X, line 16)				2,104
SEN E	21	i otal liabilit	les (Part X, line 26)				2,104
S D S	22	Net assets	or fund balances. Subtract line 21 from line 20				2,104
Par		Signature	e Block				
Under	penaltie	es of perjury, I	declare that I have examined this return, including accompanying schedules and stateme tration of preparer (other than officer) is based on all information of which preparer has	ents, and to	the hest of m	v knowle	des and but the first
	, 4110 0	T	ration of preparer (other than officer) is based on all information of which preparer has a	any knowle	dge.	y knowle	ruge and belief, it is true,
0.							
Sign			ture of officer		-		Date
Here		Ale	x Rousskov Treasu	rer			Jale
		Туре	or print name and title	1101			
n			ype preparer's name   Preparer's signature   Date		To:	T	DTIN
Paid		Judi	th Aglelow	4-12	Check L	if	PTIN
	arer	Firm's	name ▶ Office 7245∨		self-em	-	
Use	Only		address PROADT ANDC MARKET -		Firm's EIN	•	
		Broo	mfield CO 80020		Phone no.		
May th	e IRS	discuss this	return with the preparer shown above? (see instructions)		720)88	37-5	
or Pa	perw	ork Reducti	on Act Notice, see the separate instructions.				X Yes No
			occurred motifications.				C

	m 990 (2011) The Squid Software Foundat 27-4574196	Page 2
Pa	If the Statement of Program Service Accomplishments	
**********	Check if Schedule O contains a response to any question in this Part III	[V]
1	asserting the organization s mission.	
	Squid Software foundation exists to support Squid developer and	1100%
	Community of the Direction of the Control Court of December Co.	user
	Squid software is distributed to the public at no charge.	
	public at no charge.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	The prior Form 990 or 990–FZ?	
	If "Yes," describe these new services on Schedule O.	ΧN
3		
	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?  If "Yes " describe these shares and the services of	XN
4	If "Yes," describe these changes on Schedule O.	
-	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 and section 4947(a)(1) trusts 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		
	See attachment #3 including grants of \$) (Revenue \$)	)
		-
-		
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	
	) (Hevenue \$	)
4c	(Code: ) (Expenses \$ including graphs of 5	
	(Code:) (Expenses \$including grants of \$) (Revenue \$	)
		-
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$	
	Total program service expenses   including grants of \$ ) (Revenue \$ )	
VA	11 9902 TWF 990 Converged Forms (Software Only 2004)	
	TYPE LANG BOULD LODWING COMMON COLLEGE	

Part IV Checklist of Required Schedules

	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	semplete conclude A	1	X	
	of the date of the office of t	2	X	
,	and the state of t	-	+^	-
	oundidates for public office? If "Yes," complete Schedule C. Part I	3		Х
•	1777 - garineariorio, Did tile diddilization engage in lobbying activities	-	+	
,	Should his check during the tax year? If "Yes," complete Schedule C. Part II	4		Х
	3	-	+	
,	arround as defined in nevertue Procedure 98-19? If "Yes" complete Schoolide C. Dest III	5		
6	garage of manifeling any donor advised funds or any similar funds or appoints family to	3	+-+	-
	and the provide device on the distribution of investment of amounts in such funds as assessed a kind			
7	oundation by rainting the second seco	6		X
7		-	-	
8	and similarity, historic failulareas, or historic structures? If "Yes " complete Schodule D. Dest II	7		X
	The state of the s	<u> </u>		
9	of the Schedule D, Part III	8		X
3			$\vdash$	
	A provide credit couriselling, dept management, credit ropair or debt asset in			
10	osmplete Schedule D, Part IV	9		X
		-		
11	partition ondowners, or quasi-endowments? If "Yes" complete Schodule D. Bert V.	10		X
1.0	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.			
í	and applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule	000000000000000000000000000000000000000	0,000,000,000	
		11a		X
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	3 made of topoli all allound for livesiments program related in Day V live to the			-
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	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			
е	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Rest V is a second or more of its total assets reported in	11d		X
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		$\frac{X}{X}$
	and the state of t			
12a	and the second obtain separate, independent andirect tinancial etatements for the	11f		X
	a should be the total and all			
b		12a		X
	3 miles and world the teat then completing Schedule D. Parte VI. VII. and VIII.			
13	The second of th	12b		X
14a	3 and the state of	13		X
b	garage revenues of expenses of more than \$10,000 from	14a		X
	in out fort, a program service activities outside the United States as a service of the service			
4.5	Tes, complete Schedule F Parts Land IV	4.65		7.7
15		14b		<u>X</u>
	The state of the office States II Tes. Complete Schedule E Parte II and IV	45		
16		15		<u>X</u>
	The state of the office of the	40		
17		16		X
	The state of the s	.	١,	.,
		17		<u>X</u>
	Too, complete scriedule G. Part II	10	,	O.
		18		X
	- 199, somplete scriedule G. Pari III	19	١,	7
∠∪a h	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	-	<u>X</u> X
JVA	11 cons	20a 20b		7
2 4 17	11 9903 TWF 990 Copyright Forms (Software Only) - 2011 TW	_02		

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JVA

The Squid Software Foundat 27-4574196 Part IV Checklist of Required Schedules (continued) Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the Yes No United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ..... Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 21 X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's 22 X 23 current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J ..... 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of 23 X the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25  ${f b}$  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..................  ${f N/A}$ 24a X Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24b 24c 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 24d disqualified person during the year? If "Yes," complete Schedule L, Part I ..... b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, 25a X and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 25b X 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . . . Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial X 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 27 X 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV..... A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 28a X Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an 28b X officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . . . . . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 29 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 30 X 31 Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 31 X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 32 X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 33 X 34 III, IV, and V, line 1 .... 34 X Did the organization receive any payment from or engage in any transaction with a controlled entity 35a X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 35b X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 X 37

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI......... Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

X

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compilance			Page
	Check if Schedule O contains a response to any question in this Part V	, , , ,		
				[
1	100 Harrison reported in Box 3 of Form 1096. Enter -0- if not applicable	F000000	Yes	s N
ı	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
,	bid the organization comply with backup withholding rules for reportable neurosate to	_		
	5 - 3 (54 round) withings to prize winners?			
28	Tansmittal of Wage and Tay	. 1c		X
	Statements, filed for the calendar year ending with or within the year covered by this return			
Ł	in at least one is reported on line 2a, did the organization file all required federal employment towards and a second control of the control	_		
	and sain of lines to and 2d is greater than 250. You may be required to a file dead to		-	
38	bid the organization have unrelated business gross income of \$1,000 or more divising the			
k	, and a form ood for this year of the provide an explanation in Calant I a	. 3a	-	X
<b>4</b> a	year, did the organization have an interest in or a signature	-		
	account or other financial			
b	The first of the folding country.	4a		X
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	-		
5a	a party to a profibiled tax shelfer transaction at any time during the			1
b			+	X
C	and the organization life Form 8886-17	5b	-	X
6a				+
h	any sentinguions that were not tax deductible?	6a		v
b	3 The door monde will evely solicilation an evergee etatement that areas	-	+	X
7	gine word not tax deductible?	6b		
a	The state of the deductible contributions linder coefficient (70/a)	0.5		
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
b	and derived provided to the payof?	7a	Parameter (	X
С		7b	<b></b>	+
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1
d	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7c		X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	71		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		X
8	s and section Englands and section Englands and section Englands	7h		X
	aspectang organization, of a donor advised fund maintained by a consequence			
	to during at any time during the year?			
9		8		X
а	Did the organization make any taxable distributions under section 40662			
b	3 and the distribution to a dollor, donor advisor, or related person?	9a		X
10	1-1/-/ o. gameadons, Linei.	9b		X
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	dross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11 a	Section 501(c)(12) organizations. Enter:	-		
b	Gross income from members or shareholders			
D	dross income from other sources (Do not net amounts due or paid to other courses	-		
12a	against amounts due or received from them.)			
b	occurred to the compact charitable trusts, is the organization filing form occurred to the compact of the compa	12a	20000000	Х
13	arrivation tax exempt interest received or accrued during the year			Λ.
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
-	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the control of t	13a		X
	and additional information must report an O-1-11			
	Enter the amount of reserves the organization is required to maintain by the states in which			
С	the organization is licensed to issue qualified health plans			
14a	Enter the amount of reserves on hand  Did the organization receive any payments for indeed to see the second secon			
b	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
VA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		-

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 to any question in this Part VI X

Sect	ion A. Governing Body and Management					A
1a					Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a	3		103	140
	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	Enter the number of voting members included in line 1a, above, who are independent	1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a hysiness rolation	anohin	with any stars	-		
	officer, director, trustee, or key employee?					37
3	the organization delegate control over management duties customarily performed by or unc	for the	direct ounentiales	2	-	X
	of officers, directors, or trustees, or key employees to a management company or other person	2				37
4	bid the organization make any significant changes to its governing documents since the prior E.	orm o	O was file do	3	-	X
5	bid the organization become aware during the year of a significant diversion of the organization	10 000	nto?	4	-	X
6	or stockholders?			5		X
7a	bid the organization have members, stockholders, or other persons who had the power to close	or on	naint and	6	-	X
	more members of the governing body?			7-		37
b	go to marke accisions of the organization reserved to (or subject to approval by) members	ore of	aalshaldass	7a		X
	of persons other than the governing body?			7b		v
8	Did the organization contemporaneously document the meetings held or written actions undertain	ken d	uring the year	75		X
	by the following:					
а	The governing body?			8a	х	
b	each committee with authority to act on benait of the governing body?			8b	A	X
9	is there any officer, director, trustee, or key employee listed in Part VII. Section A who cannot be			OD		
	organization's mailing address? If "Yes," provide the names and addresses in Schedulo O			9		v
Secti	on B. Policies (This Section B requests information about policies not required by the Intern	al Rev	enue Code )	1 3		X
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	Test, did the organization have written policies and procedures governing the activities of suc	sh cha	ntoro	100		
	amiliates, and branches to ensure their operations are consistent with the organization's exempt	nurno	2002 NT/7	10b		
11a	has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t	he forr	17	11a		X
b	bescribe in Schedule O the process, if any, used by the organization to review this Form one					<i>A</i>
12a	Did the organization have a written conflict of interest policy? If "No" go to line 13			12a	Х	
b	vivire officers, directors of trustees, and key employees required to disclose annually interests the	at cou	ld aivo			
_	rise to connicts?			12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? describe in Schedule O how this is done.	If IIVa	11			
13	bid the organization have a written whistleblower policy?			12c	X	
14	and destruction have a written document retention and destruction policy?		140	13		X
15	Did the process for determining compensation of the following persons include a review and apprintmental and apprintment	····		14		X
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		note of the second			
а	rne organization's CEO, Executive Director, or top management official					
b	other embers of key employees of the organization			15a		X
	in the fold of fold, describe the process in Schedule O (See instructions).			15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar array	naeme	nt			
	with a taxable entity during the year?			40-		37
	white organization follow a written policy or procedure requiring the organization to eva	aluato		16a		X
	his participation in joint venture arrangements under applicable federal tax law, and taken stone to	o oofo	nuard			
	the organization's exempt status with respect to such arrangements?	Julo	NT / Z	166		
	- C. D. Colodaro		IV/ FA	16b		
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			-	-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	90-T (	Section 501(c)(2)c	anly)		
	figure 100 pablic inspection. Indicate now you made these available. Check all that apply.	- ' (	223(0)1 001(0)(3)8 (	Jilly)		
	A Own website   Another's website   Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing document	s, con	flict of interest			
	policy, and infancial statements available to the public during the tax year			1		
20	State the name, physical address, and telephone number of the person who possesses the book	s and	records of the			
	organization: ▶ See attachment #4					

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

Check if Schedule O contains a response to any question in this Part VII

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
- 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. K Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A)	(17)				-		-	7	andotor, or trustee.	
Name and Title	(B) Average hours per	1	box, ur	Pos t check tless pe	erson is	nan one both an (trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	week (describe hours for related organiza- tions in Schedule O)	TRUSTEE O	-ZS+DOZ4-	OFFICER	KEY EMPLOYEE	EMPLOYEE COMPENSATED	FORMER	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation
Henrik Nordstrom										

Voncile Voncile	(describe hours for related organiza- tions in Schedule O)	ND-V-DUAL	-X20HDH-0Z4-	OFF-CER	KEY	H-GHEST	FORMER	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Henrik Nordstrom President Amos Jeffries Vice President and	4.00	х		х				o	0	0
·	5.00	Х		х				o	o	o
Treasurer	4.00	Х		Х				o	o	o
										,
									,	

3,332	Section A. Officers	, Director	s, Trust	ees, l	(ey E	mploy	ees, an	d High	est Compensated E	mployees (c	ontinuo	4)	1 age
	V 7	(B)			(	C) sition			(D)	(E)	Jilliuec		=\
	Name and title	Average		(do no	tcheck	more t	han one		Reportable	Reporta	ble	Estim	=)
		hours per week		office	randa	director	both an trustee		compensation	compensa		amou	
		(describe	NRI	NR	L O H	K E E M Y P	HCE	FO	from	from rela		oth	
		hours for related	D U R I S E V T C	NST I	1 1	L	GMP	R M E	the	organizat		comper	
		organiza-	IET	TE	CER	E A O	EEO	R R	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from	
			11 0	1	"	E	TSE		(1. 2, 1966 111186)			organiz and re	
-		tions in Schedule O)	LR	0247			E					organiz	
		,			<del> </del>	<b> </b>		<del> </del>					
		1											
			1										
	8			1									
				ı	1								
		1				1						,	
				1		1							
						1		l					
				I							1		
1b	Sub-total												
c		to to Dout	· · · · · · ·					. ▶ 0	0		0		
d	Total from continuation sheet Total (add lines 1b and 1c).  Total number of individuals (in	is to Part	VII, Se	ction	Α			. ▶					
2	Total number of individuals (in from the organization ▶	cluding bu	it not lin	nited t	o thos	o lieto	d about	. • 0	0		0	-	
	from the organization ▶			mou t	0 11108	e iiste	u above	) wno	received more than s	\$100,000 of re	3portabl	e compen	sation
Tarent .													
3	Did the organization list any fo	rmer offic	er, direc	tor, or	truste	e, key	employ	/ee, or	highest compensate	d employee	F	Yes	s No
4	The state of the s	scriedule i	J IOI SUC	en indi	IVIdija							3	x
**												3	^
5	- gameanon and rolated bigan	izations of	eater th	an \$1!	50 000	17 If "\	100 " nor	malata	Calculation .			4	Х
Sectio	services rendered to the organ											5	X
1	Complete this table for your five compensation from the organization	e highest o	compens	sated	indep	enden	t contra	ctore th	at received many the	A			
	compensation from the organiz	ation. Rep	ort com	pensa	ation fo	or the	calenda	r vear	ending with or within	the armania	of November 1		
		(* ')						y our	(B)	trie organiza	lion's ta		
-	Name and bu	isiness ad	dress						Description of serv	ices	C	(C)	• •
								-			1	mpensation	UI1
2	Total number of independent co	ontractors	(includir	na but	not li	mitad	to these	liote -!	aha)				
	, to the bondation month	the organ	ization		HOUIII	inted	เบ เทอร6	แรเคต	above) who received	more than			
VA	11 0000	aht Forms (	-		2011 T	344							

Pa	rt V	III Statement of Reve	enue		izo rodiide	27-457	4196		Page
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
CI	1	a Federated campaigns		1a					312, 313, 01 514
OFI	1	<b>b</b> Membership dues		1b					
		c Fundraising events		1c					
RGS		d Related organizations	******	1d					
BAN	1	<ul> <li>Government grants (continue)</li> </ul>	ributions)	1e		$\dashv$			
TL	. 1	f All other contributions, gif							
TSA		similar amounts not include	ded above	1f	4,750				
NNDT		<b>g</b> Noncash contributions include		\$	4,750	$\dashv$			
S D T		h Total. Add lines 1a-1f		Ψ		4.750			
P	T				Business Code	4,750			
ROS	2	a			business Code	<u>'</u>			
GE		b							
RRF		C							
AVE		d							
CE		9							
EN		All other program service							
E	"	and brodient out the	revenue						
	3	Total. Add lines 2a-2f Investment income (include							
	4 5	other similar amounts) Income from investment o Royalties	f tax-exempt b	ond p	roceeds				
			(i) Real		(ii) Personal				
		Gross Rents				$\dashv$			
	k	Less: rental expenses				-			
	C	Rental income or (loss)				-			
	c	Net rental income or (loss)							
	_		(i) Securitie	9	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	() Godinic	.5	(ii) Other	-			
	b	Less: cost or other basis				-			
		and sales expenses		1					
0	С					4			
T	d					_			
H	8a	Net gain or (loss)	oina	· · · · ·					
R		events (not including \$	arry						
		of contributions reported or	n line del						
R		See Part IV line 19	n line 1c).						
E	h	See Part IV, line 18		. a		_			
V E	~	Less: direct expenses		b [					
N	93	Net income or (loss) from for	undraising ever	nts					
U	Ja	Gross income from gaming	activities. See						
E	h	Part IV, line 19		a					
1	D	Less: direct expenses		b					
	40-	Net income or (loss) from g	aming activities	3					
	iva	Gross sales of inventory, les	SS						
		returns and allowances		a					
	b	Less: cost of goods sold		b					
-	C	Net income or (loss) from sa	ales of inventor	у					
-		Miscellaneous Reve	enue		Business Code				
	11a								
	b								
	C								
	d	All other revenue							
	е	Total. Add lines 11a-11d ,							
1	2	Total revenue. See instruct	ions			4.750			

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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any questi	on in this Part IV			
Do no	t include amounts reported on lines 6b,	/A)	/P\	T 60	
	o, 9b, and 10b of Part VIII.	Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_					
3	the United States. See Part IV, line 22				
J	Grants and other assistance to governments, organizations, and individuals outside the				
4	United States. See Part IV, lines 15 and 16				
5	Benefits paid to or for members				
3	Compensation of current officers, directors,				
6	trustees, and key employees				
O	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				,
8	Pension plan accruals and contributions (include section			The state of the s	
9	401(k) and 403(b) employer contributions)				
	Other employee benefits				
10	Payroll taxes				V. V
11	Fees for services (non-employees):				
a	Management				
b	Legal	1,000		1,000	
c	Accounting	750		750	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	896		896	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				Andrews 1111 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 -
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Interest				
21	Payments to affiliates				,
22	Depreciation, depletion, and amortization				
23	Insurance				
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					
q					
d	All other expenses				
e 25	All other expenses				
6	Total functional expenses. Add lines 1 through 24e	2,646		2,646	
.5	Joint costs. 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

			(A)	1	(B)
-			Beginning of year		End of year
	1	Cash non-interest-bearing		1	2,104
	2	Savings and temporary cash investments	Market	2	1
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons			
Α		described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations			
S		of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
S	7	Notes and loans receivable, net		7	
Т	8	Inventories for sale or use		8	
S	9	Prepaid expenses and deferred charges		9	
	10 8	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	k	Less: accumulated depreciation		10c	
	11	Investments publicly traded securities		11	
	12	Investments other securities. See Part IV, line 11		12	
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0	16	2 104
	17	Accounts payable and accrued expenses		17	2,104
	18	Grants payable		18	
L	19	Deferred revenue		19	
Å	20	Tax-exempt bond liabilities		20	
В	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Ĺ	22	Payables to current and former officers, directors, trustees, key			
ī		employees, highest compensated employees, and disqualified			
T		persons. Complete Part II of Schedule L		22	
Ė	23	Secured mortgages and notes payable to unrelated third parties		23	
s	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		organizations that follow SFAS 117, check here   and			Ü
NF		complete lines 27 through 29, and lines 33 and 34.			
FUZC	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
BALAN	29	Permanently restricted net assets		29	
SA		Organizations that do not follow SFAS 117, check here			
EL		and complete lines 30 through 34.			
SIN	30	Capital stock or trust principal, or current funds		30	2,104
CE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	2,104
RS	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances		33	2,104
	34	Total liabilities and net assets/fund balances	0	34	2,104
JVA	11	99011 TWF 990 Converght Forms (Software Only) 2014 TW			4,104

Part	VII Section A. Officers	Directors	, Truste	es, K	ey Em	ploye	es, and	Highe	est Compensated E	mployees (continu	ied)
processor (1995)	(A)	(B)						_	(D)	(E)	(F)
	Name and title	Average		(do not	Posi	tion more th	an one		Reportable	Reportable	Estimated
		hours per		box, un	less pe	rson is i	ooth an trustee		compensation	compensation	amount of
		week (describe	I T D N R I	I T N R	O F F	K E M P	H C E I O M	F	from the	from related organizations	other compensation
		hours for	DUR	RUSTEE	1	L	G M P H P L	R M	organization	(W-2/1099-MISC	
		related organiza-	I S E V T E O	J E	C E R	OYEE	E E Y S S E A E	E R	(W-2/1099-MISC)	(,	organization
		tions in	U R	0	n	Ē	AE				and related
		Schedule O)	ĹR	Ď Ą-			E D				organizations
											<u> </u>
					l						
1b	Sub-total			* * * *				. ▶	0	0	0
C	Total from continuation sh										
d	Total (add lines 1b and 1c								0	0 p \$100 000 of rone	0
2	Total number of individuals	(including	put not	iimitec	i to the	ose iisi	ed abov	e) wn	o received more tha	n \$100,000 or repo	ortable compensation
	from the organization ▶	the state of the s									Yes No
3	Did the organization list any	former of	ficer. dir	ector.	or trus	stee. k	ev emplo	vee.	or highest compens	ated employee	
	on line 1a? If "Yes," comple										з Х
4	For any individual listed on										
	organization and related org	ganizations	greater	than s	\$150,0	00? If	"Yes," c	omple	ete Schedule J for su	ıch individual , , , ,	4 X
5	Did any person listed on lin										
	services rendered to the org		If "Yes	" com	plete S	Sched	ule J for	such	person		5 X
	n B. Independent Contracto		at a a nam	onost	nd ind	opond	ont cont	antor	a that received more	than \$100 000 of	
1	Complete this table for your										
	compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)										
	Name an	d business	addres	S					Description of s	services	Compensation
-								L			
2	Total number of independe				but no	ot limit	ed to tho	se lis	ted above) who rece	eivea more than	

Page 9

Part	VIII	Statement of Reven	iue				(195.)	(0)	(D)
						<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
C G O	1a	Federated campaigns		1a					
O F H N T S T	b	Membership dues		1b					
	С	Fundraising events		1c					
RGS	d	Related organizations		1d					
BA		Government grants (contrib		1e					
UN ¦	f	All other contributions, gifts	s grants &						
TSA		similar amounts not include		1f	4,750				
O A A N NM S D T	g	Noncash contributions included	l in lines 1a–1f:	\$					
S D T	h	Total. Add lines 1a-1f				4,750			
P					Business Code				
R	2a						100 to		
OS GE	b								
RRR	С	×							
AVE	d								
CE	е								
E N U	f	All other program service r	evenue						
Ĕ	g	Total. Add lines 2a-2f							
	3	Investment income (includ	ing dividends	, intere	st, and				
		other similar amounts)							
	4	Income from investment of	f tax-exempt l	bond p	roceeds >				
	5	Royalties	<u> </u>						
			(i) Real		(ii) Personal				
	6a	Gross Rents							
	b	Less: rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or (loss)	<u> </u>						
	7-	Cross amount from color	(i) Securit	ies	(ii) Other				
	/a	Gross amount from sales of assets other than							
		inventory							
	b	Less: cost or other basis							
_		and sales expenses							
O T	1	Gain or (loss)				_			
Ĥ		Net gain or (loss)							
E	8a	Gross income from fundra	aising						
R		events (not including \$							
R		of contributions reported of							
E		See Part IV, line 18				-			
V	b	The state of the s				_			
E	С	, ,							
N	9a	Gross income from gamin							
E		Part IV, line 19				-			
	b	Less: direct expenses				-			
	С	, , , , , , , , , , , , , , , , , , , ,		ties					
	10a	Gross sales of inventory, I							
	١	returns and allowances .				-			
	1	Less: cost of goods sold,				-			
	C	Net income or (loss) from		itory	Business Code				
	44-	Miscellaneous Re	svenue		Dualitesa Code	-			
	11a b	<u> </u>					<b>-</b>		
							+		
	C	All other revenue				<b>-</b>			
		I All other revenue							
	12	Total revenue. See instru				4,750			
	12	iordi le Actine. Occ iligit	סווטווטה			1,100			

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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question	n in this Part IX			
Do not	Include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
	9b, and 10b of Part VIII.	l otal expenses	Program service expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				r
8	Pension plan accruals and contributions (include section				
-100	401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	1,000		1,000	
С	Accounting	750		750	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	896		896	
12	Advertising and promotion				
13	Office expenses	***************************************			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				,
22	Depreciation, depletion, and amortization				
23	Insurance	4			
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.)				
а					
b					
· c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,646	<del> </del>	2,646	
26	Joint costs. Complete this line only if the organization	2,070		2,070	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		1		
	<u></u>				
	Check here ▶ if following SOP 98-2 (ASC 958-720)	1	1	1	1

Part X **Balance Sheet** (B) (A) End of year Beginning of year 1 2,104 Cash -- non-interest-bearing ..... 1 2 2 3 3 Pledges and grants receivable, net ...... 4 Accounts receivable, net ..... Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 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 ASSETS 6 of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions), . . . . . . 7 Notes and loans receivable, net ..... 8 Inventories for sale or use ..... 9 10 a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D...... 10c b Less: accumulated depreciation . . . . . . . . . 10b 11 11 Investments -- publicly traded securities ...... 12 Investments -- other securities. See Part IV, line 11 ...... 12 13 13 Investments -- program-related. See Part IV, line 11 ..... 14 15 15 Other assets. See Part IV, line 11 ..... 16 2,104 17 18 18 Grants payable ..... 19 Deferred revenue ..... I A B 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . . . . . . I 22 Payables to current and former officers, directors, trustees, key LIT employees, highest compensated employees, and disqualified 22 persons. Complete Part II of Schedule L.......... 23 23 Secured mortgages and notes payable to unrelated third parties ...... ES 24 24 Unsecured notes and loans payable to unrelated third parties ..... 25 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 25 0 26 0 26 Total liabilities. Add lines 17 through 25 ..... Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34. F U N D NET 27 Unrestricted net assets ..... 28 28 Temporarily restricted net assets ...... 29 29 Permanently restricted net assets ...... ASSETS В Organizations that do not follow SFAS 117, check here ALANCE and complete lines 30 through 34. 30 2,104 30 Capital stock or trust principal, or current funds ............ 31 31 Paid-in or capital surplus, or land, building, or equipment fund ........... O R 32 Retained earnings, endowment, accumulated income, or other funds...... 32 33 2,104 33 Total net assets or fund balances ..... 34 2,104 34 Total liabilities and net assets/fund balances.....

Page	1	2
0		

Par	Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI								
				750					
1	Total revenue (must equal Part VIII, column (A), line 12)								
2	Total expenses (must equal Part IX, column (A), line 25)	2		646					
3	Revenue less expenses. Subtract line 2 from line 1	3	2,3	104					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4							
5	Other changes in net assets or fund balances (explain in Schedule O)	5							
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,								
	column (B))	6	2,	104					
Pai	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain								
	in Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_				
b	Were the organization's financial statements audited by an independent accountant?	*******	2b		X				
C									
	audit, review, or compilation of its financial statements and selection of an independent accountant?	N/A	2c						
	If the organization changed either its oversight process or selection process during the tax year, explain in								
	Schedule O.								
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	ued on							
	a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
3a	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?	*****	3a		X				
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	N/A	3b						
JVA	11 99012 TWF 990 Copyright Forms (Software Only) - 2011 TW		Form 9	<b>390</b> (	(2011)				

#### **SCHEDULE A**

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Squid Software Foundation

**Employer identification number** 27-4574196

TITC	- 1		ceware round								No. of Concession, Name of Street, or other Publisher, Name of Street, Name of		
Pa	<u>t l</u>		for Public Charit						ructions.				
The c	rga		private foundation bed										
1	Ц		ention of churches, or a			d in <b>sectio</b>	on 170(b)(	1)(A)(i).					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
		city, and state:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section</b> 170(b)(1)(A)(Iv). (Complete Part II.)												
6	П	A federal, state,	or local government of	or governmental unit de	escribed in	section 1	170(b)(1)( <i>l</i>	۱)(۷).					
7													
8	П	A community tru	ust described in <b>sectio</b>	on 170(b)(1)(A)(vi). (Co	mplete Pa	rt II.)							
9	X	An organization	that normally receives	: (1) more than 33 1/3	% of its su	pport fron	n contribut	ions, mem	nbership fe	es, and	gross'		
		receipts from ac	ctivities related to its ex	empt functionssubje	ect to certa	in exception	ons, and (2	2) no more	than 33 1	1/3 % of i	ts		
			oss investment income						from busir	nesses			
		acquired by the	organization after Jun	e 30, 1975. See <b>sectio</b>	n 509(a)(2	<b>).</b> (Comple	ete Part III.	)					
10		An organization	organized and operat	ed exclusively to test for	or public s	afety. See	section 5	09(a)(4).					
11		An organization	organized and operat	ed exclusively for the b	enefit of, t	o perform	the function	ons of, or	to carry ou	it the ,			
	_	purposes of one	e or more publicly sup	ported organizations d	escribed in	n section 5	609(a)(1) o	r section 5	609(a)(2). S	See <b>secti</b>	on		
		509(a)(3). Chec	k the box that describ	es the type of supporti	ng organiz	ation and	complete	lines 11e t	hrough 11	h.			
		a Type I	<b>b</b> Type	II c ∏ T	ype III-Fui	nctionally i	ntegrated		d T	ype III-C	ther		
е		By checking this	s box, I certify that the	organization is not con	ntrolled dire	ectly or ind	directly by	one or mo	re disqual	lified			
		persons other t	han foundation manag	ers and other than one	e or more	oublicly su	pported o	rganization	ns describ	ed in sec	tion		
		509(a)(1) or sec	ction 509(a)(2).										
f		If the organizati	on received a written o	determination from the	IRS that it	is a Type	I, Type II o	or Type III	supporting	g			
			neck this box										. L
g		Since August 1	7, 2006, has the organ	ization accepted any g	ift or contr	ibution fro	m any of t	he					
		following perso		,									
		(I) A person w	ho directly or indirectly	controls, either alone	or togethe	r with per	sons desci	ibed in (ii)	ĺ	_		Yes	No
		and (iii) bel	ow, the governing boo	dy of the supported org	janization?	*****					11g(i)		X
			ember of a person des								11g(ii)		X
			trolled entity of a perso								11g(iii)		X
h			owing information abo										
									(vi)	Is the		_	
(i) N		ne of supported	(ii) EIN	(III) Type of organization					organizatio			Amou	
	or	ganization		(described on lines 1-9	governing of				organize	ed in the	1	suppor	L
				(see instructions))	governing	document:	Or your c	ирроге.	U.S	5.?			
					Yes	No	Yes	No	Yes	No			
									-				
						l		l					

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					4,750	4,750
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			.,		4,750	4,750
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b					 	4.550
8	Public support (Subtract line 7c from line 6.)						4,750
	tion B. Total Support	T (1) 2007	T #1 0000	T (-) 0000	(-1) 0040	(-) 0044	(6) T-+-I
	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	
9	Amounts from line 6					4,750	4,750
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		J			4,750	4,750
14	First five years. If the Form 990 is for the or organization, check this box and stop here		t, second, third,				▶ 🛚
Sec	ction C. Computation of Public Sup						
15	Public support percentage for 2011 (line 8, c	column (f) divide	ed by line 13, col	umn (f))		15	%
16	Public support percentage from 2010 Sched					16	%
Sec	ction D. Computation of Investmen						
17	Investment income percentage for 2011 (line			13, column (f)).		17	%
18	Investment income percentage from 2010 S					18	%
19a	33 1/3 % support tests 2011. If the organ					n 33 1/3 %, a	and line 17 is
	not more than 33 1/3 %, check this box and						
b	33 1/3 % support tests 2010. If the organ	nization did not	check a box on	ine 14 or line 19	a, and line 16 is	more than 3	3 1/3 %, and
	line 18 is not more than 33 1/3 %, check this						
20	Private foundation. If the organization did r	101 check a box	on line 14, 19a,	or 190, check th	iis dox and see i	nstructions, ,	

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

**Employer identification number** Name of the organization 27-4574196 The Squid Software Foundation Organization type (check one): Section: Filers of: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ,

or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

The Squid Software Foundation 27-4574196

Pallul	Contributors (see instructions). Use duplicate copies of Part I if add	allional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	Alex Rousskov	\$3,000	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	Duane Wessels	\$1,750	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

## SCHEDULE O

(Form 990 or 990-EZ)

## 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.

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

The Squid Software Foundation 27-4574196
12B Directors are required to disclose conflicts as they arise.

12C Form will be published on web site.

## 990 PRINCIPAL OFFICER NAME AND ADDRESS

Attachment	: 1: Form 990 Page 1, Line F		
Open to Public			
Inspection	For calendar year 2011, or tax period beginning	01-17-2011, and ending	12-31-2011.
Name of Organizati	on		Employer Identification Number
The Squid	Software Foundation		27-4574196
990, Page 1, Line I			
Principal officer nar or Business Name:	ne	Alex Rousskov	
Street Address		10343 Federal E	Blvd., Unit J 150
U.S. Address:			
Zip code or Foreign Address	80260 city Westminste	Sta	ate <u>CO</u>
Province o	r State		
Country			
Postal cod	e		

## 990 PRIMARY EXEMPT PURPOSE

Attachment	2: Form 990 Page 1, Part 1	[		
Open to Public Inspection	For calendar year 2011 or tax period beginning	01-17	, and ending	12-31-2011.
Name of Organizati The Squid	on Software Foundation			Employer Identification Number 27-4574196
_	Prim	nary Purpose		
communitie	eware foundation exists to a es in producing open source is distributed to the public	Squid I	Proxy Cache	oper and user software. Squid

#### 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: Form 990 Page 2, Part III Open to Public 01 - 17 - 2011, and ending 12-31-2011. Inspection For calendar year 2011, or tax period beginning Employer Identification Number Name of Organization 27-4574196 The Squid Software Foundation Part III - Statement of Program Service Accomplishments Code: Expenses: including Grants of: Revenue: **Exempt Purpose Achievements** The Squid Software Foundation has created essential organizational documents, including a Conflict of Interest policy, and incorporated in the State of Colorado. 2. The Foundation has found legal and accounting professionals to assist with current Foundation needs. 3. The Foundation has filed for tax exempt status with the IRS. A lot of collective effort went into submitting a high quality application. 4. The Foundation has opened bank and PayPal accounts to facilitate future donations, including small online donations collected throught the Foundation web site. 5. Foundation attracted inital sponsorship that covered 2011 organizational expense.

# 990 BOOKS ARE IN CARE OF

Atta	chment	4:	Form	990	Page	6,	Part	VI,	Section	on C,	Line	20	
Open to	Public		lendar yea							, and		12	-31-2011.
	Organization Squid S		ware	Four	ndatio	on							r Identification Number 74196
Part VI -	Line 20												
or Business	al Name s Name: Squid :												
Street Ad	ddress								10343	Fede	ral B	lvd U	nit j 150
U.S. Add	dress:												
	Zip code or Address	8026	50		City ]	Wes	tmins	ter			Stat	te <u>CO</u>	
	City												
	Province or	State ,			****								A A A A A A A A A A A A A A A A A A A
	Country ,												
	Postal code											*****	
	Phone Num	ber			*******								(303)466-3913
	Fax Number											* • • • • • •	(720)836-4160

### **2011 DETAIL STATEMENTS**